

Role of State Law in Limiting Medicaid Changes

National Health Law Program
National Association of Community Health Centers

The Deficit Reduction Act of 2005 (DRA) (P. L. 109-171) revises important provisions of the Medicaid statute in ways that are likely to have substantial impact on Medicaid beneficiaries and the safety-net providers that serve them. Among other things, the Act provides states with the authority to impose new premium and cost-sharing requirements on certain groups of Medicaid beneficiaries, while simultaneously permitting the states to substantially redefine and limit the covered services and benefits to which Medicaid-enrolled persons are entitled. These statutory amendments have the potential to impact almost all groups of beneficiaries, including children, the elderly and those with disabilities, which in turn will result in a financial strain on the rest of the health care system, and certainly on health centers as they continue to serve these patients.

One characteristic of the DRA amendments is that they allow states to implement service, premium and cost-sharing changes simply by amending their state Medicaid plans. Prior to the DRA, states seeking such sweeping alterations to their programs had to get approval of a Section 1115 demonstration waiver from the U.S. Secretary of Health and Human Services. The DRA establishes these potential service and cost-sharing restrictions as legitimate state options within the federal law and allows a state to adopt these changes as a matter of course, simply by amending its state Medicaid plan.

While *federal* Medicaid law may now allow states to revise their services and cost-sharing requirements for certain Medicaid populations more easily, individual states may be constrained in making such changes as a result of their own *state laws*. For example, a particular state may have Medicaid legislation that specifies the services that will be provided in its Medicaid program or the cost-sharing limits that may be imposed on recipients; or it may have a general requirement that mandates state legislative approval before the state Medicaid agency can amend its state plan or before it can make substantive changes in its Medicaid program that will have a certain financial impact on over-all state expenditures in a fiscal year. If such mandates and/or limitations are written into state law, then the state agency cannot implement a DRA-enacted *option* unless the relevant state law is first amended by the state legislature or the state complies with the procedural requirements established by the state legislation.

The National Health Law Program (NHLP) and the National Association of Community Health Centers (NACHC) have researched the relevant laws in the 50 states and the District of Columbia to determine which jurisdictions currently have legislation that may restrict the ability of their State Medicaid agencies to implement the service and cost-sharing options in the DRA. We have also examined state laws regarding Medicaid family planning benefits. Our research is reflected in attached Charts 1 and 2.

Chart 1, State Law on Changing Medicaid Programs indicates:

- where a state's statutory Medicaid language can be found and whether those statutes contain any substantive provisions;
- whether the state requires legislative approval for state plan amendments (SPAs) or waivers;
- if the state has statutory requirements related to Medicaid cost-sharing and benefits;
- which state's Medicaid changes are contingent upon fiscal appropriations;
- whether a state has regulations containing substantive Medicaid requirements and, if so, where they are located;
- where administrative procedures regarding public notice and comment can be found; and
- when legislative sessions convene.

Chart 2, State Law on Family Planning Medicaid Benefits indicates:

- whether and how states define family planning and/or family planning services; and
- which family planning benefits are protected by state law

The information reported below on individual states' ability to change their Medicaid plans comes from three sources: responses from State Primary Care Associations (PCA) to a series of questions posed by NACHC; responses to a series of questions posed by NHeLP on its Listserv; and research of state statutes carried out by NACHC and NHeLP.

In some cases, the state laws in question are less than crystal clear, and local advocates will want to check to see how (or if) they are being implemented in their state. Further, this is a fluid area of law, so advocates will want to check the status of the laws in their states when embarking upon efforts to prevent harmful changes to Medicaid. The information in the charts was updated in July 2006. Citations to regulations containing substantive Medicaid provisions have been added for Connecticut, Mississippi and Wyoming.

The results of our research, while not necessarily surprising, are nonetheless noteworthy:

- Four (4) states have provisions requiring legislative approval of SPA's (Connecticut, District of Columbia, Missouri, and New Hampshire). Kentucky and Nebraska require notice to the legislature regarding SPAs and several other states (Alaska, Minnesota, Ohio, and Vermont) have requirements for legislative notice and review of rule changes.
- Thirteen (13) states have a provision requiring legislative approval of waivers (Colorado, Florida, Louisiana, Massachusetts, Missouri Montana, Nevada, New Hampshire, North Dakota, Ohio, Oregon, District of Columbia, and Wyoming).
- Twenty-two (22) states have some form of statutory requirements related to Medicaid cost sharing. (Alabama, Alaska, California, Connecticut, Florida, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri,

Nebraska, New Jersey, New Mexico, New York, Ohio, Oregon, Texas, Vermont, and Wisconsin).

- Twenty (20) states have some form of statutory Medicaid benefits requirements. (Alaska, Arizona, California, Colorado, Connecticut, Idaho, Illinois, Indiana, Iowa, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, North Dakota, Ohio, and Pennsylvania).
- Medicaid changes in twenty-three (23) states are contingent upon fiscal appropriations. (Iowa, Kentucky, Maine, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Montana, Nevada, New Hampshire, Ohio, Oregon, Rhode Island, South Dakota, Texas, Utah, Vermont, Virginia, Washington, District of Columbia, West Virginia, and Wisconsin).
- Five (5) states do not have state regulations that set forth substantive requirements for the state Medicaid program (Arkansas, Michigan, Nevada, North Dakota and Vermont). In these states, the rules by which the Medicaid program is operated are found in program manuals, which may or may not have the force of law in the state, depending on definitions contained in the state's administrative procedures act.

Research on family planning was also revealing. Under 42 U.S.C. § 1396d(a)(4)(C), state medical assistance must cover “family planning services and supplies furnished (directly or under arrangements with others) to individuals of child-bearing age (including minors who can be considered to be sexually active) who are eligible under the State plan and who desire such services and supplies.” States have varied in their interpretation and codification of this requirement:

- Thirty (30) states provide explicit definitions of family planning or family planning services in their laws. (Alaska, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Kentucky, Maine, Maryland, Minnesota, Mississippi, Missouri, Nebraska, New Hampshire, New Mexico, New York, Ohio, Oregon, Pennsylvania, South Carolina, South Dakota, Texas, Utah, Vermont, Virginia, Washington, Wisconsin and Wyoming).
- Thirty-seven (37) states and the District of Columbia specify that Medicaid recipients may not be charged a co-payment for family planning services.¹ (Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Florida, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Dakota, Tennessee, Utah, Vermont, Virginia, Wisconsin and Wyoming).

¹ A June 16, 2006 Dear State Medicaid Director providing guidance on implementing the DRA states that no cost-sharing may be imposed for family planning services and supplies.

- Twenty-eight (28) states have laws that provide for physical examinations as a part of Medicaid family planning visits, thirty (30) provide for family planning counseling, thirty-two (32) cover diagnostic tests and forty-two (42) cover family planning supplies and devices.
- Forty (40) states have laws stating that voluntary sterilization is a covered Medicaid benefit.
- Forty (40) states will pay for the termination of a pregnancy when medically necessary, or where the pregnancy is the result of rape or incest.
- Only five (5) state Medicaid programs must provide some sort of infertility service, and thirty-seven (37) states specifically exclude infertility services from their benefits.

CHART 1: STATE LAW ON CHANGING MEDICAID PROGRAMS

NOTE:

Under those columns that indicate whether or not approval of a proposed action is required, a **NO** (in bold) indicates that while approval is not necessary, review of that action is required.

STATE	STATE STATUTE OR CODE CONTAINS SUBSTANTIVE PROVISIONS FOR THE STATE MEDICAID PROGRAM	STATE STATUTE OR CODE REQUIRES LEGISLATIVE APPROVAL FOR CHANGES TO THE STATE MEDICAID PROGRAM VIA STATE PLAN AMENDMENTS	STATE STATUTE OR CODE REQUIRES LEGISLATIVE APPROVAL FOR CHANGES TO STATE MEDICAID PROGRAM VIA WAIVERS	STATE STATUTE OR CODE REQUIRES THAT MEDICAID CHANGES BE APPROVED BY ANOTHER ENTITY (BOARD, COMMITTEE, COUNCIL, ETC)	STATE STATUTE OR CODE CONTAINS PROVISIONS RELATED TO COST-SHARING	STATE STATUTE OR CODE CONTAINS PROVISIONS RELATED TO BENEFITS	APPROVAL OF MEDICAID CHANGES DEPENDS UPON THE AMOUNT OF ANY NECESSARY APPROPRIATION	STATE HAS REGULATIONS (OR OTHER BINDING AUTHORITY) CONTAINING SUBSTANTIVE PROVISIONS FOR THE MEDICAID PROGRAM	STATE STATUTE OR CODE HAS AN ADMINISTRATIVE PROCEDURES PROVISION THAT REQUIRES PUBLIC NOTICE AND COMMENT BEFORE REGULATIONS CAN BE CHANGED	LEGISLATIVE SESSION ²
Alabama	YES ³	NO	NO	NO	YES ⁴	NO ⁵	NO ⁶	YES ⁷	YES ⁸	1/10-4/24
Alaska	YES ⁹	NO ¹⁰	NO	NO ¹¹	YES ¹²	YES ¹³	NO ¹⁴	YES ¹⁵	YES ¹⁶	1/9-5/9
Arizona	YES ¹⁷	NO	NO	NO ¹⁸	NO	YES ¹⁹	NO	YES ²⁰	YES ²¹	1/9-Late April
Arkansas	YES ²²	NO ²³	NO	NO	NO	NO	NO ²⁴	NO ²⁵	YES ²⁶	No regular session

² National Conference of State Legislatures

³ ALA CODE §§ 22-6-1 -11 (2005).

⁴ ALA CODE § 22-6-4.1. This section authorizes a co-payment of \$2 per physician visit.

⁵ ALA CODE §§ 22-6-10 to 11. ? These sections describe benefits- change the NO to YES?

⁶ ALA CODE § 22-6-1.

⁷ ALA ADMIN. CODE 560-X-1.01 (2006) *et. seq.*

⁸ ALA CODE §§ 41-22-5.

⁹ ALASKA STAT. §§ 47.07.010-900 (2005).

¹⁰ ALASKA STAT. §§ 24.05.182, 24.20.400. Note: legislative committees to *review* proposed regulations.

¹¹ Id. Standing Committee of Legislature shall review proposed regulations, amendments to regulation or repeal of regulation.

¹² ALASKA STAT. § 47.07.042. This section authorizes DHHS to use the maximum allowable federal amounts for cost sharing, except for inpatient hospital services, which is the lesser of \$50 per day or the federal amount.

¹³ ALASKA STAT. § 47.07.030. This section itemizes optional benefits.

¹⁴ ALASKA STAT. § 47.07.050. This section stipulates that the Department of Health and Social Services must compile reports for the legislature, if requested.

¹⁵ ALASKA ADMIN. CODE 7 § 43 (2006) *et. seq.*

¹⁶ ALASKA STAT. § 44-62-4.

¹⁷ ARIZ. REV. STAT. § 36-2901 (2005). *et. seq.*

¹⁸ ARIZ. REV. STAT. § 36-109. Advisory Health Council.

¹⁹ ARIZ. REV. STAT. § 36-2907. The statute requires that certain services be provided, such as periodic health screening for persons under the age of 21, eye examinations and emergency dental care for persons over the age of 21, podiatry care, and family planning.

²⁰ ARIZ. ADMIN. CODE 9 (2006). In addition see Ariz. Admin. Reg.

²¹ ARIZ. REV. STAT. § 41-6-1.

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California	YES ²⁷	NO	NO	NO ²⁸	YES ²⁹	YES ³⁰	NO ³¹	YES ³²	YES ³³	1/4-8/31
Colorado	YES ³⁴	NO	YES ³⁵	YES ³⁶	NO	YES ³⁷	NO	YES ³⁸	YES ³⁹	1/11-5/10

²² ARK. CODE ANN. § 20-77-101 – 1715 (2005).

²³ ARK. CODE ANN. § 20-77-110. This section indicates that before any changes can be made to reimbursement, and before rule, regulation, or amendments can be adopted, the Governor and Chief Fiscal Officer must approve.

²⁴ ARK. CODE ANN. §20-77-111. The Director of the Department of Health and Human Services must report to legislature quarterly.

²⁵ Arkansas Division of Medical Services Unit of Program Planning and Development promulgates Medicaid Policy Manuals.

²⁶ ARK. CODE ANN. § 25-15-204.

²⁷ CAL. WELF. & INST. CODE §§ 14000-14199.3 (2005).

²⁸ CAL. WELF. & INST. CODE § 14165. California Medical Assistance Commission.

²⁹ CAL. WELF. & INST. CODE §14134. This section establishes a co-payment ceiling of \$5 for non-emergency services in an emergency room and \$1 for other medical services and drugs.

³⁰ CAL. WELF. & INST. CODE §§14021.3-14021.7. The legislature has affirmatively directed the Department of Health Services to amend the plan to cover certain services. In addition, § 14132 provides a detailed list of benefits that must be provided either for all persons or for persons under the age of 21.

³¹ CAL. WELF. & INST. CODE §14100.5: All Dept. of Finance approved Medi-Cal estimates will then be made available to legislative fiscal committees. More specifically, under § 14150: within 60 days of budget, the department shall notify the legislature of any plans to withhold and not allocate any eligibility activities that were appropriated for administration.

³² CAL. CODE REGS. tit. 17 & tit. 28 (2006). In addition, see Cal. Regulatory Notice Reg.

³³ CAL. WELF. & INST. CODE §§ 2-3-1-3.5-5.

³⁴ COLO. REV. STAT. § 26-4-101-1408 (2005).

³⁵ COLO. REV. STAT. § 26-4-535. This section authorizes the state to prepare a waiver and requires the state to submit it to appropriate legislative committees for approval.

³⁶ Id. Waivers must be submitted to Senate and House Health and Human Services Committees. In turn joint committees must hold at least four joint public hearings and within 60 days of the submission of the waiver to the joint committees, the Joint Health and Human Services Committee must either approve or reject the waiver as submitted by the department.

³⁷ COLO. REV. STAT. § 26-4-202. This section itemizes the mandated services for categorically needy.

³⁸ 10 COLO. CODE REGS. § 2505-10 (2006) *et seq.* In addition, see Colo. Reg.

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Connecticut	YES ⁴⁰	YES ⁴¹	NO ⁴²	YES ⁴³	YES ⁴⁴	YES ⁴⁵	NO	NO ⁴⁶ YES	YES ⁴⁷	2/8-5/3
Delaware	YES ⁴⁸	NO	NO	NO	NO	NO	NO	YES ⁴⁹	YES ⁵⁰	1/10-6/30
Florida	YES ⁵¹	NO	YES ⁵²	YES ⁵³	YES ⁵⁴	NO	NO	YES ⁵⁵	YES ⁵⁶	3/7-5/5

³⁹ COLO. REV. STAT. § 24-4-101-108.

⁴⁰ CONN. GEN. STAT. § 17b-220-336 (2005).

⁴¹ CONN. GEN. STAT. §§ 17b-291, 294(h).

⁴² CONN. GEN. STAT. § 17b-303. This section requires notice to committees for any waivers related to HUSKY Plan Part A and B.

⁴³ CONN. GEN. STAT. § 17b-291, 303. Joint Standing Committees in General Assembly must approve changes related to Children's Health, waivers, and HUSKY programs.

⁴⁴ CONN. GEN. STAT. § 17b-17b-295(1). Stipulates that cost sharing is limited to 5 percent of a family's annual gross income.

⁴⁵ CONN. GEN. STAT. §§ 17b-278a, 278c, 281. Statutes require Medicaid payments for smoking cessation programs, mammograms, and oxygen products. In addition, §17b-294(d) also requires that persons in the Husky program get benefits as specified in Title V of the Social Security Act, including powered wheelchairs.

⁴⁶ REGS., CONN. STATE AGENCIES § 17 to 17b

⁴⁷ CONN. GEN. STAT. § 4-168.

⁴⁸ DEL. CODE. ANN. § 501-523 (2006)

⁴⁹ CODE OF DEL. REGS. § 40-800-101 to 104

⁵⁰ DEL. CODE. ANN. § 10115.

⁵¹ FLA. STAT. ch. 409 (2005).

⁵² FLA. STAT. ch. 409.91211. Statute authorizes the state to seek a waiver and requires legislative approval prior to implementation. If waiver has been approved by CMS and the legislature then implementation begins July 1, 2006.

⁵³ Id. § 91211(6) stipulates that federally approved waivers must be submitted to the President of the Senate and the Speaker of the House of Representatives for referral to appropriate legislative committees (ex: Health Care Regulation Committee, Health Care Appropriations Committee, etc). The appropriate committees shall recommend whether to approve the implementation of any waivers to the Legislature as a whole.

⁵⁴ FLA. STAT. ch. 409.816(1), 409.816(2), 409.9081, 409.9121. No cost sharing for children in Medicaid, section 409.816(1) and sets ceilings for others. Section 409.816(2). For other Medicaid recipients there are co-payment ceilings, e.g., \$3 for outpatient hospital and \$2 for a physician. Section 409.9081. May be overridden by waiver for FL's Medicaid managed care program Section 409-9121.

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Georgia	YES ⁵⁷	NO	NO ⁵⁸	NO	NO	NO	NO ⁵⁹	YES ⁶⁰	YES ⁶¹	1/9-Mid March
Hawaii	YES ⁶²	NO	NO	NO ⁶³	NO	NO	NO	YES ⁶⁴	YES ⁶⁵	1/18-Early May
Idaho	YES ⁶⁶	NO	NO	NO	NO	YES ⁶⁷	NO	YES ⁶⁸	YES ⁶⁹	1/9-Late March

⁵⁵ FLA. ADMIN. CODE. ANN. 59-1 (2006) *et. seq.*

⁵⁶ FLA. STAT. ch. 120.54.

⁵⁷ GA. CODE ANN. § 49-4-1 (2005).

⁵⁸ GA CODE ANN § 49-4-152. Section gives DCH authority to pursue demonstration/waiver projects under Title XIX but does not call for legislative approval before the waiver is submitted or implemented.

⁵⁹ GA CODE ANN § 49-4-142. Section gives DCH authority to adopt and administer state plan for medical assistance “within the appropriations made available to the department.” Does not appear to be a specific requirement that the state must clear specific plan amendments or regulations with the legislature to assure that proposed changes are within appropriation limits or the like.

⁶⁰ GA COMP. R. & REGS. 350-1 (2006) *et. seq.*

⁶¹ GA CODE ANN § 49-4-142. Section stipulates that DCH must establish “reasonable procedures for notice to interested parties and an opportunity to be heard prior to the adoption, amendment, or repeal of any such rule or regulation.

⁶² HAW. REV. STAT. § 346 (2005).

⁶³ HAW. REV. STAT. § 346-14.5. Financial Assistance Advisory Council.

⁶⁴ Hawaii Administrative Rules for Programs 17-0001, 17-0658, 17-0659 (2006).

⁶⁵ HAW. REV. STAT. § 91-3.

⁶⁶ IDAHO CODE § 56-209b (2005).

⁶⁷ IDAHO CODE § 56-209(d). Section mandates adult dental, vision and hearing services among other things.

⁶⁸ IDAHO ADMIN. CODE § 16.03.09 (2006) *et. seq.* Rules Governing the Medical Assistance Program.

⁶⁹ IDAHO CODE § 67-5220-5292. Section 5224(2)(d) requires that the state include an explanatory statement in its notice of adoption of a pending rule. Specifically, the requirement is that “an identification of any portion of the pending rule imposing or increasing a fee or charge and a statement that this portion of the rule shall not become final and effective unless affirmatively approved by concurrent resolution of the legislature”. In addition, § 5224(5) states that a pending rule becomes final and effective “upon conclusion of the legislative session at which the rule was submitted to the legislature for review, or as

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Illinois	YES ⁷⁰	NO	NO	NO	YES ⁷¹	YES ⁷²	NO	YES ⁷³	YES ⁷⁴	1/11 - 12/31
Indiana	YES ⁷⁵	NO	NO	NO	YES ⁷⁶	YES ⁷⁷	NO ⁷⁸	YES ⁷⁹	YES ⁸⁰	1/9-3/14
Iowa	YES ⁸¹	NO	NO	NO ⁸²	YES ⁸³	YES ⁸⁴	YES ⁸⁵	YES ⁸⁶	YES ⁸⁷	1/9-late April
Kansas	YES ⁸⁸	NO	NO	NO	NO	NO	NO ⁸⁹	YES ⁹⁰	YES ⁹¹	1/9-late April

provided in the rule, but no pending rule adopted by an agency shall become final and effective before the conclusion of the regular or special legislative session at which the rule was submitted for review.”

⁷⁰ ILL. COMP. STAT. 305/5-5 (2005).

⁷¹ ILL. COMP. STAT. 305/5-4.1. Statute sets a ceiling on co-payments for certain services: \$3 for brand name drugs; zero for generic drugs; \$1 for other pharmacy services; \$2 for physician services; \$3 for hospital outpatient services; and zero for renal dialysis, radiation therapy, cancer chemotherapy, insulin, and other products used on a recurring basis.

⁷² ILL. COMP. STAT. 305/5-5. The statute requires payment for a smoking cessation program; mammography for women over the age of 35; and dental services and eyeglasses for those participating in an education, training, or employment program.

⁷³ ILL. ADMIN. CODE tit. 89, § 120 (2006) *et. seq.*

⁷⁴ ILL. COMP. STAT. 100/1-1 et seq. Section 100/5-40 provides the general rulemaking requirements.

⁷⁵ IND. CODE § 12-15 (2005).

⁷⁶ IND. CODE § 12-15-6-4. Section provides statutory ban on co-payments for certain groups, e.g., children, pregnancy-related services.

⁷⁷ IND. CODE §§ 12-15-5-1, 12-15-5-5. The statute itemizes 23 medical services that are covered in the State’s Medicaid program.

⁷⁸ IND. CODE ANN. §§ 4-22-2-28, 4-22-2-29, 12-15-1-10, and 12-15-1-16(d).

⁷⁹ IND. ADMIN. CODE tit. 405 art. 1 (2006) *et. seq.*

⁸⁰ IND. CODE ANN. §§ 4-22-2-17 – 4-22-2-28.

⁸¹ IOWA CODE ANN. § 249A (2005).

⁸² IOWA CODE ANN. § 249A.4B. Medical Assistance Advisory Council.

⁸³ IOWA CODE ANN. §249A.4.14. Statute permits co-payments only for benefits that were optional as of February 1, 1991.

⁸⁴ IOWA CODE ANN. § 249A.18, 249A.32. EPSDT required under Section 249A.32B and FQHC/RHC required under Section 249A.18.

⁸⁵ IOWA CODE ANN. §§ 249A.3, 249A.4.

⁸⁶ IOWA ADMIN. CODE 441.-1.1 (2006) *et. seq.*

⁸⁷ IOWA CODE ANN. §§ 17A.1-17A.33.

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Kentucky	YES ⁹²	NO ⁹³	NO	NO ⁹⁴	YES ⁹⁵	NO	YES ⁹⁶	YES ⁹⁷	YES ⁹⁸	1/3-4/15
Louisiana	YES ⁹⁹	NO	YES ¹⁰⁰	NO	NO	NO	NO ¹⁰¹	YES ¹⁰²	YES ¹⁰³	3/27-6/19
Maine	YES ¹⁰⁴	NO	NO	NO	YES ¹⁰⁵	YES ¹⁰⁶	YES ¹⁰⁷	YES ¹⁰⁸	YES ¹⁰⁹	1/4-4/19

⁸⁸ KAN. STAT. ANN. § 39-708c(s).

⁸⁹ KAN. STAT. ANN. § 39-708(c). There are fiscal reporting requirements to legislature and govt. on expenditures and costs of the program to the state.

⁹⁰ KAN. ADMIN. REGS. 39, 129 (2006) *et. seq.*

⁹¹ KAN. STAT. ANN. §§ 77-501 – 77-550

⁹² KY. REV. STAT. ANN § 205 (2005).

⁹³ KY. REV. STAT. ANN § 205.525(1). The legislature must be notified of any amendments to the Medicaid plan.

⁹⁴ Id. Cabinet for Health and Family Services shall provide copy of application for waiver, waiver amendments, or request for plan amendment to Interim Joint Committee on Health and Welfare and Interim Joint Committee on Appropriations and Revenue. In addition, at least quarterly Cabinet must provide both Committees with status of application for waiver, waiver amendment or request for plan amendment to Medicaid Program. In addition see § 205.540. Advisory Council for Medical Assistance.

⁹⁵ KY. REV. STAT. ANN § 205.6312(2). State law prohibits co-payments for certain groups, e.g., children and pregnant women.

⁹⁶ KY. REV. STAT. ANN §§ 205.210, 205.240, and 205.525 and Title VI, Chapter 45 – Budget and Financial Administration.

⁹⁷ 907 KY. ADMIN. REGS. 1:005 (2006) *et. seq.*

⁹⁸ KY. REV. STAT. ANN. §§ 13A.010 – 13A.350.

⁹⁹ LA. REV. STAT. ANN. § 46:153 (2005).

¹⁰⁰ LA. REV. STAT. ANN. § 46:160.4.b.11. Specifically, Demonstration Projects.

¹⁰¹ There are fiscal reporting requirements under LA. REV. STAT. ANN. §§ 46:52, 46:53, and Title 39 – Public Finance. More specifically 39.77 – penalties for agency going over budget appropriations.

¹⁰² LA. ADMIN. CODE tit. 50 (2006) *et. seq.* In addition, see La. Reg.

¹⁰³ LA. REV. STAT. ANN. §§ 49:950 – 49:970

¹⁰⁴ ME. REV. STAT. ANN. § 3172 (2005).

¹⁰⁵ ME. REV. STAT. ANN. § 3173-C. Statute prohibits co-payments for certain services, e.g., family planning and outlines a schedule of co-pays.

¹⁰⁶ ME. REV. STAT. ANN. §§3173D, F, G, and S. The statute requires coverage for alcoholism, dental care for those over 21, pregnancy, children under the age of one, and dental care for children.

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Maryland	YES ¹¹⁰	NO	NO	NO	NO	YES ¹¹¹	YES ¹¹²	YES ¹¹³	YES ¹¹⁴	1/11-4/10
Massachusetts	YES ¹¹⁵	NO	YES ¹¹⁶	NO ¹¹⁷	YES ¹¹⁸	YES ¹¹⁹	YES ¹²⁰	YES ¹²¹	YES ¹²²	1/4-throughout the year
Michigan	YES ¹²³	NO	NO	YES ¹²⁴	NO	YES ¹²⁵	YES ¹²⁶	NO ¹²⁷	YES ¹²⁸	1/11-throughout the year

¹⁰⁷ ME. REV. STAT. ANN. §§ 203.

¹⁰⁸ CODE ME. R. § 10, 14 (2006). In addition, Maine DHHS promulgates manuals and publications related to rules and changes to state Medicaid program.

¹⁰⁹ ME. REV. STAT. ANN. §§ 8001 – 1116.

¹¹⁰ MD. CODE ANN. HEALTH-GEN.I. § 15-103.

¹¹¹ Id. Dental services for pregnant women, certain services for substance abuse enrollees older than 21.

¹¹² Id.

¹¹³ MD. REGS. CODE tit. 10 (2006) *et. seq.* In addition, see Md. Reg.

¹¹⁴ MD. CODE ANN. STATE GOV'T §§ 10-101 – 10-905.

¹¹⁵ MASS. GEN. LAWS 118E § 1-52 (2005).

¹¹⁶ MASS. GEN. LAWS 118E § 9A. Specifically Demonstration Projects.

¹¹⁷ MASS. GEN. LAWS 118E § 6. Medical Care Advisory Committee shall have opportunity to participate in policy development and program administration.

Furthermore, see 118E § 7. In addition to all powers conferred on state agencies, Division or Department of Elder Affairs as appropriate has the power to make, amend, and repeal all rules and regulations for the management of its affairs.

¹¹⁸ MASS. GEN. LAWS 118E § 25 provides that co-payments cannot exceed \$3 unless part of a managed care plan.

¹¹⁹ MASS. GEN. LAWS 118E §10A, 10B, and 10C. The statute requires prenatal care, childbirth care, and postpartum care; newborn hearing screening tests; and diabetes treatment. Sections 10A, 10B, and 10C.

¹²⁰ MASS. GEN. LAWS 118E § 9B.

¹²¹ MASS. REGS. CODE tit. 130 § 430-650 (2006) *et. seq.* In addition, see Mass. Reg.

¹²² MASS. GEN. LAWS 30A §§ 1-17.

¹²³ MICH. COMP. LAWS § 400.1-40.121.

¹²⁴ MICH. COMP. LAWS § 400.2. Michigan Social Welfare Commission.

¹²⁵ MICH. COMP. LAWS §400.111k. Medicaid must provide lead screening for children.

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Minnesota	YES ¹²⁹	NO ¹³⁰	NO ¹³¹	NO	YES ¹³²	YES ¹³³	NO	YES ¹³⁴	YES ¹³⁵	3/1-5/22
Mississippi	YES ¹³⁶	NO	NO	NO	NO	YES ¹³⁷	YES ¹³⁸	YES ¹³⁹	YES ¹⁴⁰	1/3-4/2
Missouri	YES ¹⁴¹	YES ¹⁴²	YES ¹⁴³	YES ¹⁴⁴	YES ¹⁴⁵	YES ¹⁴⁶	YES ¹⁴⁷	YES ¹⁴⁸	YES ¹⁴⁹	1/4-5/30

¹²⁶ MICH. COMP. LAWS §§ 400.1b.

¹²⁷ MICH. ADMIN. CODE R. 325.6101-400.7706, 722.701-706 (2006).

¹²⁸ MICH. COMP. LAWS ANN. §§ 24.201 – 24.328.

¹²⁹ MINN. STAT. § 256B (2005).

¹³⁰ MINN. STAT. § 256B.04(5). Although, statute does not contain a procedural legislative approval requirement for SPA's, there is an annual reporting requirement, that mandates that the State Medicaid agency provide the State Legislature with a full report on the operations and expenditures of funds for the state's Medicaid program.

¹³¹ MINN. STAT. § 256.092B(4) – indicates that Commissioner cannot approve home and community based waivers/demonstration projects for individuals who suffer from mental retardation or related conditions, unless they comply with state law and are within state fiscal Medicaid limitations/appropriations.

¹³² MINN. STAT. § 256B.0631 establishes specific co-payment ceilings for certain services.

¹³³ MINN. STAT. § 256B.0625 itemizes all covered services including inpatient hospital and physicians services among others.

¹³⁴ MINN. R. 9505 (2006) *et. seq.*

¹³⁵ MINN. STAT. §§ 256B.065, 14.01 to 14.69.

¹³⁶ MISS. CODE ANN §§ 43-13-101-145 (2005).

¹³⁷ MISS. CODE ANN § 43-13-117. Section itemizes all covered services including FQHC.

¹³⁸ MISS. CODE ANN § 43-13-111.

¹³⁹ CODE OF MISS. STATE REGS. § 13 000 001 to 031 & § 13 010 001 to 023

¹⁴⁰ MISS. CODE ANN. §§ 25-43-1-19.

¹⁴¹ MO. REV. STAT. § 208 (2005).

¹⁴² MO. REV. STAT. §§ 208.507, 208.435, 536.024, 536.028. Statutes indicate that any and all changes to the state Medicaid plan must be submitted to Joint Committee on Administrative Rules and then to the General Assembly for review and approval.

¹⁴³ *Id.*

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Montana	YES ¹⁵⁰	NO	YES ¹⁵¹	YES ¹⁵²	NO	NO	YES ¹⁵³	YES ¹⁵⁴	YES ¹⁵⁵	No regular session
Nebraska	YES ¹⁵⁶	NO ¹⁵⁷	NO ¹⁵⁸	YES ¹⁵⁹	YES ¹⁶⁰	YES ¹⁶¹	NO ¹⁶²	YES ¹⁶³	YES ¹⁶⁴	1/4-mid April

¹⁴⁴ Section 536.208 – Administrative Procedure and Review – stipulates that State Medicaid Agency must submit any proposed changes to Medicaid State Plan to Joint Committee on Administrative Rules and then General Assembly for review and approval.

¹⁴⁵ MO. REV. STAT. § 208.152.2.4. Statute indicates that there can be no cost sharing for personal services or mental health services.

¹⁴⁶ MO. REV. STAT. § 208.152.2.4. The statute sets forth a detailed list of Medicaid services that must be provided.

¹⁴⁷ MO. REV. STAT. §§ 208.174, 536.024.

¹⁴⁸ MO. CODE REGS. ANN. tit. 13, § 70-1.010 (2006) *et. seq.* In addition see Mo. Reg.

¹⁴⁹ MO. REV. STAT. §§ 536.026, and MO. ANN. STAT. 25-43-1-19.

¹⁵⁰ MONT. CODE ANN §§ 53-6-101-189.

¹⁵¹ MONT. CODE ANN §§ 56-6-113, 56-6-101, and 53-2-215.

¹⁵² MONT. CODE ANN §§ 53-2-215. Section 1115 Waivers

¹⁵³ MONT. CODE ANN §§ 53-6-113, 53-2-215.

¹⁵⁴ MONT. ADMIN. R. 37.82.101 – 37.88.1420 (2006)

¹⁵⁵ MONT. CODE ANN §§ 2-4-101-711, 53-2-215(19)-(20).

¹⁵⁶ NEB. REV. STAT. §§ 68-1018 – 1025, and 1099 (2005).

¹⁵⁷ NEB. REV. STAT. §§ 68-1019, 68-1062. Reporting Requirement. Department of Health and Human Services cannot promulgate rules or regulations or make changes to state plan without submitting/reporting changes to state Legislature and Governor.

¹⁵⁸ NEB. REV. STAT. §§ 68-1019, 68-1062. Reporting Requirement. Department of Health and Human Services cannot promulgate rules or regulations or make changes to state plan without submitting/reporting changes to state Legislature and Governor.

¹⁵⁹ NEB. REV. STAT. § 68-1092 Medicaid Reform Plan; Preparation; and Duties. Health and Human Services Committee, Medicaid Reform Advisory Council recommendations for development of Medicaid plan amendments and waivers to state plan must be submitted to Governor and Legislature.

¹⁶⁰ NEB. REV. STAT. § 68-1019(6). Legislature has seven months in which to reject any proposed change in Medicaid cost-sharing rules.

¹⁶¹ NEB. REV. STAT. §§ 68-1019(3), 68-1019.06. Certain categories of services must be provided, including hearing screening for newborns. Sections

¹⁶² NEB. REV. STAT § 68-1019. There is a general fiscal reporting requirement to Governor and legislature regarding cost effectiveness and cost containment mechanisms for various aspects of the state Medicaid program.

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Nevada	YES ¹⁶⁵	NO	YES ¹⁶⁶	YES ¹⁶⁷	NO	NO	YES ¹⁶⁸	NO ¹⁶⁹	YES ¹⁷⁰	No regular session
New Hampshire	YES ¹⁷¹	YES ¹⁷²	YES ¹⁷³	YES ¹⁷⁴	NO	NO	YES ¹⁷⁵	YES ¹⁷⁶	YES ¹⁷⁷	1/4-7/1
New Jersey	YES ¹⁷⁸	NO	NO	NO	YES ¹⁷⁹	NO	NO	YES ¹⁸⁰	YES ¹⁸¹	1/10-throughout the year

¹⁶³ NEB. ADMIN. CODE tit. 468, 470, 471, 482, (2006) *et. seq.*

¹⁶⁴ NEB. REV. STAT §§ 84-901-919.01.

¹⁶⁵ NEV. REV. STAT. § 422 (2005).

¹⁶⁶ NEV. REV. STAT. §§ 422.2726-2728.

¹⁶⁷ *Id.* Interim Finance Committee and Legislative Committee on Health Care.

¹⁶⁸ NEV. REV. STAT. §§ 422.240, 422.270, and 422.271.

¹⁶⁹ Nevada Division of Health Care Policy and Financing promulgates measures in Medicaid Operations, Services, and State Plan Manuals.

¹⁷⁰ NEV. REV. STAT. § 422A.190. In addition, please see NEV. REV. STAT. §§ 233B.010 – 233B.150.

¹⁷¹ N.H. REV. STAT. ANN. § 167 (2005).

¹⁷² N.H. REV. STAT. ANN. § 161:2(VI), 167:3(c), and 541-A: 3 and 13. These sections, when read together, provide procedural requirements for all *rule* changes to Medicaid, and those changes

ultimately require legislative approval except for interim rules or those initiated in an emergency.

¹⁷³ *Id.*

¹⁷⁴ *Id.* Assembly Fiscal Committee.

¹⁷⁵ N.H. REV. STAT. ANN. § 541-A and 167:7

¹⁷⁶ N.H. CODE ADMIN. R. ANN. Department of Human Services – Division of Human Services He-W 500, 600 (2006) *et. seq.*

¹⁷⁷ N.H. REV. STAT. ANN. § Chapter 541-A:5. For more specific information see, §§ 541-A:11 and 19.

¹⁷⁸ N.J. STAT. ANN. § 30:4D-5 (2005).

¹⁷⁹ N.J. STAT. ANN. § 30:4D-13. The Administration cannot require premiums.

¹⁸⁰ N. J. ADMIN. CODE. tit. 10, § 10-49, 70, 71, 72 (2005) *et. seq.*

¹⁸¹ N.J. STAT. ANN. § 30:1AA-19, 52:14B-1-15.

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New Mexico	YES ¹⁸²	NO	NO	NO	YES ¹⁸³	NO	NO ¹⁸⁴	YES ¹⁸⁵	YES ¹⁸⁶	1/17-2/15
New York	YES ¹⁸⁷	NO	NO ¹⁸⁸	NO	YES ¹⁸⁹	NO	NO	YES ¹⁹⁰	YES ¹⁹¹	1/4-throughout the year
North Carolina	YES ¹⁹²	NO	NO ¹⁹³	NO	NO	NO	NO ¹⁹⁴	YES ¹⁹⁵	YES ¹⁹⁶	5/9-July
North	YES ¹⁹⁷	NO	YES ¹⁹⁸	NO	NO	YES ¹⁹⁹	NO ²⁰⁰	NO ²⁰¹	YES ²⁰²	No regular

¹⁸² N.M. STAT. ANN. § 27-2 (2005).

¹⁸³ N.M. STAT. ANN. § 27-2-12.13(17). Statute does set a ceiling for emergency room co-payments.

¹⁸⁴ N.M. STAT. ANN. § 27-2-12. Section stipulates that the Medicaid Program in NM is subject to appropriation of state funds.

¹⁸⁵ N. M. ADMIN. CODE tit. 8 § 200-354 (2006).

¹⁸⁶ N.M. STAT. ANN. §§ 12-8-23, 12-8-25. In addition, see §§ 12-8-1 thru 12-8-25.

¹⁸⁷ N.Y. SOC. SERV. LAW § 363-A.

¹⁸⁸ N.Y. SOC. SERV. LAW § 34-A. Note: There is an annual implementation-reporting requirement. A multi-year consolidated services plan encompassing adult services and family and children's services shall be submitted to the Governor and the majority leader of the Senate and the Speaker of the Assembly.

¹⁸⁹ N.Y. SOC. SERV. LAW § 367-a(6)(b). Section provides statutory ceilings on certain co-payments.

¹⁹⁰ N.Y. COMP. CODES R. & REGS. tit. 18 § 360-1 & 365 (2005) et. seq. & tit. 10 §85 et. seq.

¹⁹¹ N.Y. A.P.A §§ 101-501.

¹⁹² N.C. GEN. STAT. § 108A-25, 54-78.

¹⁹³ N.C. GEN. STAT. § 108A-27.9 Note: There is a general submission and reporting requirement under § 108A-27.9. Section stipulates that DHHS must prepare and submit state Medicaid plan to Director of Budget, Senate Appropriations Committee on Health and Human Services, and House of Representatives Appropriations Subcommittee on Health and Human Services, local government, and private sector organizations for review and comments prior to submitting the State plan to the NC General Assembly. Final approval for State Medicaid plan rests with State Budget Director and General Assembly.

¹⁹⁴ N.C. GEN. STAT. § 108A-87-91.

¹⁹⁴ N.D. CENT. CODE § 50-24.1-2 - Department to submit plans and seek waivers.

¹⁹⁵ N.C. ADMIN. CODE tit. 10A, 21A.0101-21D.0503, 22A.0101-22O.0400 (2005). Note: some services policies are exempt from APA

¹⁹⁶ N.C. GEN. STAT. § 108A-27.9, 108A-70.25, and 150B-1-64.

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Dakota										session
Ohio	YES ²⁰³	NO ²⁰⁴	YES ²⁰⁵	YES ²⁰⁶	YES ²⁰⁷	YES ²⁰⁸	YES	YES ²⁰⁹	YES ²¹⁰	1/2-throughout the year
Oklahoma	YES ²¹¹	NO	NO ²¹²	NO ²¹³	NO	NO	NO	YES ²¹⁴	YES ²¹⁵	2/6-5/26

¹⁹⁷ N.D. CENT. CODE § 50-24.1 (2005).

¹⁹⁸ N.D. CENT. CODE § 50-24.1-2 - Department to submit plans and seek waivers.

¹⁹⁹ N.D. CENT. CODE § 50-24.1-15, 50-24.1-06, 50-24.1-16, and 50.24.1-19. Certain Medicaid services must be provided: prehospital emergency services, remedial eye care, ambulance, and oral maxillofacial services.

²⁰⁰ N.D. CENT. CODE § 50-06-25. Stipulates that the DHHS must submit biennial report on Medicaid services and programs, including a five-year historical analysis of the number of persons receiving medical assistance program services. The council uses this report to monitor program policies and legislative appropriations.

²⁰¹ North Dakota Department of Human Services promulgates manuals and other types of publications specifying state policies regarding state Medicaid program.

²⁰² N.D. CENT. CODE §§ 28-32-1-22.

²⁰³ OHIO REV. CODE. ANN § 5111 (2005).

²⁰⁴ OHIO REV. CODE. ANN. § 5111.02 and 119.03.2. The legislature has 65 days to approve or reject any proposed *rule* otherwise it is deemed approved.

²⁰⁵ OHIO REV. CODE. ANN. § 5111.85. For more information see §§ 5111.85.1, 5111.87, 5111.873, and 119.03.2.

²⁰⁶ OHIO REV. CODE. ANN. § 5111.01, 5111.02, and 119.03. Joint Committee on Agency Rule Review must approve state Medicaid agency's proposed rule, amendment or rescission to state plan and then the General Assembly must approve. In addition please see § 111.15.

²⁰⁷ OHIO REV. CODE. ANN. § 5111.0112. Statute permits co-payments only for certain services.

²⁰⁸ OHIO REV. CODE. ANN. § 5111.023 and 5111.024. Mental health services and screening for breast and cervical cancer must be provided.

²⁰⁹ OHIO ADMIN. CODE § 5101.3-1 (2006) *et. seq.*

²¹⁰ OHIO REV. CODE. ANN. § 119.03.2.

²¹¹ OKLA. STAT. tit. 56 § 198 (2005).

²¹² OKLA. STAT. tit. 56 § 198.15. Section stipulates that home and community-based waivers must operate based on approval by fed. govt. or through funds appropriated by state legislature.

²¹³ OKLA. STAT. tit. 56 § 198.16 F indicates that Department of Humans Services, with the help of the Governor, President Pro Tem of the Senate and Speaker of the House of Representatives shall appoint a committee to assist the DHS in the development of waivers and rules related to self-directed services.

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Oregon	YES ²¹⁶	NO	YES ²¹⁷	NO ²¹⁸	YES ²¹⁹	NO	YES ²²⁰	YES ²²¹	YES ²²²	No regular session
Pennsylvania	YES ²²³	NO	NO	NO	NO	YES ²²⁴	NO	YES ²²⁵	YES ²²⁶	1/3-throughout the year
Rhode Island	YES ²²⁷	NO	NO ²²⁸	NO	NO	NO	YES ²²⁹	YES ²³⁰	YES ²³¹	1/3-late June

²¹⁴ OKLA. ADMIN. CODE § 317:35-1-1 & 30-1-1 (2006) *et seq.*

²¹⁵ OKLA. STAT. tit. 75 §§ 250-323. Agencies wishing to make a rule must post it, allow 30 days, hold public hearing, and then submit simultaneously to governor and legislature. As a result, governor and legislature have 30 days to act in opposition.

²¹⁶ OR. REV. STAT. § 414.018-414.839.

²¹⁷ OR. REV. STAT. § 414.031.

²¹⁸ OR. REV. STAT. § 414.021. Oregon Health Policy Commission shall serve as primary advisory committee to administrator, the Governor and Legislative Assembly. In addition see § 414.031. DHS shall submit to Oregon Health Policy Commission any proposals to amend the State Medicaid Plan, modify Medicaid operational protocols, submit and application for waiver to CMS or adopt or amend any administrative rules for the state's medical assistance program and other health care programs. DHS must consider any concerns by the Oregon Health Policy Commission regarding the aforementioned initiatives during its decision-making.

²¹⁹ OR. REV. STAT. § 414.075. Section indicates that Department of Human Services may pay for deductibles and other cost sharing required by law. §414.839(4) stipulates that DHS shall take an individual's ability to pay into account when determining the amount of cost sharing.

²²⁰ OR. REV. STAT. § 414.032.

²²¹ OR. ADMIN. R. 410.050-0100, 410.120-000 (2006) *et seq.*

²²² OR. REV. STAT. §§ 183.025 – 183.725.

²²³ PA. STAT. ANN. tit. 62 (2005). In Pennsylvania, substantive Medicaid provisions can also be found in the Pennsylvania Code of Regulations, not legislation. See PA. CODE. tit. 55, Part III and VI.

²²⁴ PA. STAT. ANN. tit. 62 § 443.3. Section describes both required and optional services for Medicaid recipients. With respect to outpatient services states that payments will generally be made for "preventative, diagnostic, therapeutic, rehabilitative or palliative services.

²²⁵ PA. CODE § 1101.11 (2006) *et seq.*

²²⁶ PA. STAT. ANN. tit. 45 §§ 1101-1208.

²²⁷ R.I. GEN. LAWS § 40-8 (2005).

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South Carolina	YES ²³²	NO	NO	NO	NO	NO	NO ²³³	YES ²³⁴	YES ²³⁵	1/10-6/1
South Dakota	YES ²³⁶	NO	NO	NO ²³⁷	NO	NO	YES ²³⁸	YES ²³⁹	YES ²⁴⁰	1/10-mid March
Tennessee	YES ²⁴¹	NO	NO	NO ²⁴²	NO	NO	NO ²⁴³	YES ²⁴⁴	YES ²⁴⁵	1/10-late April

²²⁸ R.I. GEN. LAWS § 40-1-1. RI has created an advisory council to the DHHS that has no administrative authority, advisory council can make recommendations on the department's policies and rules to the director of DHHS.

²²⁹ R.I. GEN. LAWS § 40-8-13.

²³⁰ R.I. CODE R. 15-040-001- 019 (2006).

²³¹ R.I. GEN. LAWS §§ 42-35-1 thru 42-35-18.

²³² S.C. CODE ANN. §§ 43-5, 43-7, 44-6 (2005).

²³³ S.C. CODE ANN. §§ 43-1-170, 44-6-80. Sections indicate that Department of Social Services must submit an annual budget as well as interim and annual reports to Governor and General Assembly on status of state Medicaid program and relevant expenditures.

²³⁴ 29 S.C. CODE ANN. REGS. 126-350-950 (2005).

²³⁵ S.C. CODE ANN. § 44-6-540. In addition, see S.C. CODE ANN. §§ 1-23-10-40.

²³⁶ S.D. CODIFIED LAWS § 28-6 (2005).

²³⁷ Section 1-26-1.2 Legislature Rules Review Committee must review all proposed agency rules and make recommendations to agency's regarding rules and legislation authorizing rules.

²³⁸ S.D. CODIFIED LAWS § 28-6-36.

²³⁹ S.D. ADMIN. R. 67:16-54 (2006).

²⁴⁰ S.D. CODIFIED LAWS § 1-26. Administrative Procedure and Rules.

²⁴¹ TENN. CODE. ANN. §§ 71-5-101-199 (2005).

²⁴² TENN CODE ANN. § 71-5-125. Fiscal Review Committee.

²⁴³ Note: Please see TENN. CODE. ANN. § 71-1-113. In addition, see § 71-5-125 Fiscal Review Committee to report quarterly to General Assembly all expenditures and additional expenditures of Medicaid program, and § 71-5-105 Department shall submit annual report to Governor and General Assembly rules and regulations promulgated, full account of operations and expenditures, etc.

²⁴⁴ TENN. COMP. R. & REGS. 1200-13-1-15, 1240-3-1-3 (2006).

²⁴⁵ TENN. CODE. ANN. §§ 4-5-101-324.

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Texas	YES ²⁴⁶	NO	NO	NO	YES ²⁴⁷	NO	YES ²⁴⁸	YES ²⁴⁹	YES ²⁵⁰	No regular session
Utah	YES ²⁵¹	NO	NO	NO	NO	NO	YES ²⁵²	YES ²⁵³	YES ²⁵⁴	1/16-3/1
Vermont	YES ²⁵⁵	NO ²⁵⁶	NO ²⁵⁷	NO ²⁵⁸	YES ²⁵⁹	NO	YES ²⁶⁰	NO ²⁶¹	YES ²⁶²	1/3-early May
Virginia	YES ²⁶³	NO	NO	YES ²⁶⁴	NO	NO	YES ²⁶⁵	YES ²⁶⁶	YES ²⁶⁷	1/11-3/11

²⁴⁶ TEX. HUM. RES. COD. ANN. § 32 (2005).

²⁴⁷ TEX. HUM. RES. COD. ANN. § 32.064, cost-sharing follows a sliding scale (with higher income families paying a higher percentage) and requires beneficiaries to pay the maximum amount allowed under federal law.

²⁴⁸ TEX. HUM. RES. COD. ANN. §§ 32.021, 32.041, 21.010.

²⁴⁹ TEX. ADMIN. CODE tit. 1, 25 & 40 (2006). Note: Medicaid regulations are provided throughout various sections of the state Administrative Code.

²⁵⁰ TEX. GOV'T COD. ANN. § 2001.

²⁵¹ UTAH CODE ANN. tit. 26 & 62A (2005).

²⁵² UTAH CODE ANN. § 62A-1-113.

²⁵³ UTAH ADMIN. CODE § 380-448 (2006). More specifically, see § 414-1-99. Utah Medicaid Program.

²⁵⁴ UTAH CODE ANN. § 63, Chapter 46b. Administrative Procedures Act.

²⁵⁵ VT. STAT. ANN. tit. 33 §19 (2005).

²⁵⁶ 33 VSA §§ 2001 and 2081. Note: There are reporting requirements to various legislative committees. More specifically, the Commissioner of Prevention, Assistance, Transition, and Health Access must provide the state legislature's Medical Care Advisory Committee, Health Access Oversight Committee, and Joint Legislative Committee on Administrative Rules with all changes to the state Medicaid program for "report and review". In addition, § 2081 stipulates that the Legislature must approve any amendment to the rules for prescription drugs.

²⁵⁷ 33 VSA §§ 2001. Section provides requirements for modifications that impact the states pharmacy best practices and cost control program.

²⁵⁸ Section 1-26-1.2 Legislature Rules Review Committee must review all proposed agency rules and make recommendations to agency's regarding rules and legislation authorizing rules.

²⁵⁹ VT. STAT. ANN. tit. 33 §1901. Section indicates cannot set a monthly premium to exceed \$20 for an adult and \$10 for pregnant women and children. In addition, § 1994 sets a cost-sharing ceiling on drugs.

²⁶⁰ 33 VSA § 1901a – Medicaid Budget

²⁶¹ Vermont Agency for Human Services promulgates Medicaid policies through the Vermont Medicaid Manual.

²⁶² 3 VSA Chapter 25. Vermont Administrative Procedures Act

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Washing- ton	YES ²⁶⁸	NO	NO	NO	NO	NO	YES ²⁶⁹	YES ²⁷⁰	YES ²⁷¹	1/9-3/9
Washing- ton D.C.	YES ²⁷²	YES ²⁷³	YES ²⁷⁴	NO	NO	NO	YES ²⁷⁵	YES ²⁷⁶	YES ²⁷⁷	
West	YES ²⁷⁸	NO	NO	NO	NO	NO	YES ²⁷⁹	YES ²⁸⁰	NO ²⁸¹	1/11-3/11

²⁶³ VA. CODE ANN. § 32.1 (2005). Chapter 9 – Regulation of Medical Assistance and Chapter 10 – Department of Medical Assistance Services.

²⁶⁴ Additional Approval Requirements are located at § 32.1-323.1. Section stipulates that the Department of Planning and Budget and Department of Medical Assistance Services must submit an estimate of Medicaid expenditures and a forecast of expenditures to the House Committees on Appropriations, Health, and Welfare Institutions; Senate Committees on Finance, Education, and Health; and Joint Legislative Audit and Review Commission. In addition, see § 32.1-324 – Board of Medical Assistance Services; § 32.1-325 – Board to Submit Plan for Medical Assistance. Sections indicate that Virginia’s Board of Medical Assistance Services must first obtain the governor’s approval of a state plan for medical assistance services or periodic amendments to the plan, before the plan or amendments are forwarded to the Secretary of the Department of Health and Human Services.

²⁶⁵ VA. CODE ANN. § 32.1-320, 32.1-323.1.

²⁶⁶ VA. ADMIN. CODE § 30-10-10 – 30-150-100 (2006).

²⁶⁷ VA. CODE ANN. § 32.1-24. Applicability of Administrative Process Act.

²⁶⁸ WASH. REV. CODE §§ 74.09.010-755 (2005).

²⁶⁹ WASH. REV. CODE § 74.04.120.

²⁷⁰ WASH. ADMIN. CODE § 388-1-892 (2006).

²⁷¹ WASH. REV. CODE ANN. §§ 34.05.001 – 34.05.902.

²⁷² D.C. CODE ANN. § 4 (2005). Chapter 2, Subchapter 4 – Medicaid Program Administration and Subchapter 5 – Public Assistance Programs.

²⁷³ D.C. CODE ANN. § 1-307.02. District of Columbia Medical Assistance Program, and § 1-307.03. Medical Assistance Expansion Program Establishment.

²⁷⁴ Id.

²⁷⁵ D.C. CODE ANN. § 4-219.01. DC Code Title 4 Chapter 2 Subchapter XIX Appropriations Authorization.

²⁷⁶ D.C. MUN. REGS. tit. 29, § 29-900-999 (2006).

²⁷⁷ D.C. CODE ANN. § 2-505. Public Notice and Participation in Rule-making; Emergency Rules.

²⁷⁸ W.VA. CODE § 9 (2005). Human Services.

²⁷⁹ W.VA. CODE § 9-4A-2a. Section stipulates that the Governor must approve Medicaid expenditures from the state’s trust fund. Reporting Requirements - All Medicaid expenditures from the trust fund must then be reported to the Joint Committee on Government and Finance. In addition, see § 9-4A-4, which

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Virginia										
Wisconsin	YES ²⁸²	NO	NO	NO	YES ²⁸³	NO	YES ²⁸⁴	YES ²⁸⁵	YES ²⁸⁶	1/17 – 12/31
Wyoming	YES ²⁸⁷	NO	YES ²⁸⁸	NO	NO	NO	NO	YES ²⁸⁹	YES ²⁹⁰	2/13-early March

indicates that the Department of Health and Human Resources (DHHR) must submit an annual report to the Legislature on the use of the state’s uncompensated care fund. The Health Care Cost Review Authority must also submit an annual report to the Legislature on the impact of improved Medicaid inpatient payments.

²⁸⁰ W. VA. CODE ST. R. § 65-01-26, 69-01-04 (2006).

²⁸¹ W.VA CODE § 29A-1-3(c) exempts all public benefits regulations from the state APA’s notice of public rulemaking requirements. However, § 9-4D-9(b) contains an exception to this exemption for any “medicaid buy-in program.” See, generally, §§ 29A-1-1 thru 29A-7-4.

²⁸² WIS. STAT. § 49.43-49.499 (2005).

²⁸³ WIS. STAT. § 49.45(18). Statute prohibits cost sharing for certain people, e.g., children and pregnant women, and sets ceilings for other cost sharing, e.g., drugs.

²⁸⁴ WIS. STAT. § 20.435(4)(b), 49.45(2)(a)(8), and 49.45(2)(a)(16). Indicate that periodic reports regarding Medicaid expenditures must be made to Joint Committee on Finance and Appropriate Standing Committees of each House of Legislature, and that Department must notify Governor and Joint Committee on Legislative Organization, Joint Committee on Finance, and Appropriate Standing Committees if Medicaid expenditures exceed allotment provided in state Medicaid appropriation account.

²⁸⁵ WIS. ADMIN. CODE § HFS 100-109 (2006).

²⁸⁶ WIS. ADMIN. CODE § HFS 101. In addition see § 227.01-227.26.

²⁸⁷ WYO STAT. ANN. § 42-4 (2005).

²⁸⁸ WYO STAT. ANN. § 42-4-119.

²⁸⁹ CODE OF WY. RULES § 48-130-001 et seq.

²⁹⁰ WYO STAT. ANN. § 42-4-104(a)(iv), 16-3-101-115.

CHART 2: STATE LAW ON FAMILY PLANNING BENEFITS

NOTES:

Services are divided into broad categories for clarity of presentation. The footnotes provide more detailed explanations of the particular services covered by each state. An “X” designates whether states specifically cover certain services or exclude coverage for a particular category of services. To the extent that space permitted, language was taken directly from the statute, rule or regulation.

-Some benefits, such as termination of pregnancy, hysterectomies and treatment of medical complications resulting from a family planning procedure, may be excluded as family planning services but covered as medical services. This is noted in the footnotes where relevant.

Abbreviations in the chart include:

FDA Food and Drug Administration

FP Family planning

IUD Intrauterine device

STD Sexually transmitted disease

CHART 2: STATE LAW ON FAMILY PLANNING BENEFITS

STATE	DEFINITION OF FP OR FP SERVICES	EXPLICITLY COVERED										EXPLICITLY EXCLUDED				
		FP Services generally	Physical exam	FP	Counseling	Supplies/ devices	Diagnostic lab tests	Sterilization	Infertility services	Abortion	Co-payment	Other	Infertility services	Other		
Alabama	Not defined.	X ²⁹¹	X ²⁹²	X ²⁹³		X ²⁹⁴	X ²⁹⁵	X ²⁹⁶				X ²⁹⁷	X ²⁹⁸		X ²⁹⁹	X ³⁰⁰
Alaska	Those services and materials provided with the purpose of postponing, avoiding, or terminating pregnancy, including the dispensing of birth control drugs and devices for males and females, and the performance of vasectomies, sterilizations, and abortions for the purpose of avoiding or terminating pregnancy. ³⁰¹					X ³⁰²		X ³⁰³				X ³⁰⁴	X ³⁰⁵		X ³⁰⁶	X ³⁰⁷

²⁹¹ ALA. ADMIN. CODE 560-X-1-.01. Covers FP as a mandatory service.

²⁹² ALA. ADMIN. CODE 560-X-14-.03.01. Included at initial and annual visits.

²⁹³ ALA. ADMIN. CODE 560-X-14-.03.01. Includes FP counseling during the initial visit, annual visit, up to four periodic revisits per year, home visit and extended FP visit.

²⁹⁴ ALA. ADMIN. CODE 560-X-14-.03.02-03, 05. Covers IUD insertion and removal if for FP purposes. Removal due to uterine/pelvic infection is not considered FP and is not reimbursable as such. Includes contraceptive implant, insertion and removal if for FP purposes. Removal due to medical complications is not considered FP but may be covered as a medical service through the Physician's Program. Includes diaphragm and fitting, injections, pills and foams/jellies.

²⁹⁵ ALA. ADMIN. CODE 560-X-14-.03.01. Covers "routine" tests, specifically includes gonorrhea culture and VDRL screening for syphilis. Covers pap smear and pregnancy test.

²⁹⁶ ALA. ADMIN. CODE 560-X-14-04, -05. Includes surgical procedures for females and males when specified consent-related guidelines are followed.

²⁹⁷ ALA. ADMIN. CODE 560-X-14-.05, 6-.09. Not covered as an FP service, but may be covered by the Physician's Program "as provided under federal law."

²⁹⁸ ALA. CODE § 22-6-4.2 (2005). Applies to prescriptions for FP drugs. ALA ADMIN. CODE 560-X-17, -14.08. Includes visits and all medically approved FP drugs and supplies.

²⁹⁹ ALA. ADMIN. CODE 560-X-14-.04. Excludes sterilization reversal.

³⁰⁰ ALA. ADMIN. CODE 560-X-14-.05. Other services explicitly not covered as FP: services for a woman known to be pregnant, colposcopy/ biopsy of cervix/vagina, charges incurred when recipient enters a hospital for sterilization and decides against the procedure, medical complications requiring treatment (i.e., perforated bowel) caused by or following a FP procedure.

³⁰¹ ALASKA ADMIN. CODE 7 § 43.835. Except for limitations on abortion under § 43.140.

³⁰² ALASKA ADMIN. CODE 7 § 43.825. Covers "drugs, supplies and devices" except for limitations on abortion under § 43.140.

³⁰³ ALASKA ADMIN. CODE 7 § 43.135. Covers female sterilization and vasectomies when informed consent requirements are met.

³⁰⁴ ALASKA ADMIN. CODE 7 § 43.140. Covered at Department of Health and Social Service's discretion with physician certification that the mother's life would be endangered if the pregnancy were carried to term or that the pregnancy is the result of an act of rape or incest. A procedure that is not covered under this section will be covered under General

STATE	DEFINITION OF FP OR FP SERVICES	EXPLICITLY COVERED							EXPLICITLY EXCLUDED				
		FP Services generally	Physical exam	FP Counseling	Supplies/ devices	Diagnostic lab tests	Sterilization	Infertility services	Abortion	Co-payment	Other	Infertility services	Other
Arizona	Not defined.	X ³⁰⁸	X ³⁰⁹	X ³¹⁰	X ³¹¹	X ³¹²	X ³¹³		X ³¹⁴	X ³¹⁵	X ³¹⁶	X ³¹⁷	X ³¹⁸
Arkansas	Any medically approved diagnosis, treatment, services, counseling, drugs, supplies or devices which are prescribed or furnished by a physician, nurse practitioner, certified nurse-midwife or the Health Department to individuals of child-bearing age for purposes of enabling such individuals freedom to determine the number and spacing of their children. ³¹⁹	X ³²⁰	X ³²¹	X ³²²	X ³²³	X ³²⁴	X ³²⁵		X ³²⁶	X ³²⁷		X ³²⁸	

Relief Medical to the extent provided in ALASKA ADMIN. CODE 7 § 43: physician services for therapeutic abortion (defined as “termination of a pregnancy”). Note: “elective” abortion is defined as “a procedure, other than a therapeutic abortion, to terminate a pregnancy.”

³⁰⁵ ALASKA ADMIN. CODE 7 § 43.052. No cost-sharing for FP “services and supplies.”

³⁰⁶ ALASKA ADMIN. CODE 7 § 43.010. 590.

³⁰⁷ ALASKA ADMIN. CODE 7 § 43.010. Does not cover hysterectomies performed solely for sterilization purposes or impotence therapy and services.

³⁰⁸ ARIZ. REV. STAT. § 36-2907 (2006). Contractors “shall” provide “family planning services that do not include abortion or abortion counseling.” However, a contractor may choose not to provide the services, and the administration will contract directly with another provider to obtain the services for the member.

³⁰⁹ ARIZ. ADMIN. CODE 9-22-215.

³¹⁰ ARIZ. ADMIN. CODE 9-22-215. Covers “medical examinations.”

³¹¹ ARIZ. ADMIN. CODE 9-22-215. Covers “medications, supplies and devices.”

³¹² ARIZ. ADMIN. CODE 9-22-215. Includes HIV screening as part of a STD testing package provided with FP services.

³¹³ ARIZ. ADMIN. CODE 9-22-215.

³¹⁴ ARIZ. ADMIN. CODE 9-22-205. Excludes abortion unless required by federal law.

³¹⁵ ARIZ. ADMIN. CODE 9-22-711.

³¹⁶ ARIZ. ADMIN. CODE 9-22-215. Covers “natural” FP education and referral.

³¹⁷ ARIZ. ADMIN. CODE 9-22-205. Excludes infertility services, including sterilization reversal.

³¹⁸ ARIZ. ADMIN. CODE 9-22-205, -215. Excludes abortion counseling. Excludes hysterectomies unless medically necessary.

³¹⁹ CODE OF ARK. R. & REGS. § 16-06.051.400.

³²⁰ CODE OF ARK. R. & REGS. § 16-06.051.103.100.

³²¹ CODE OF ARK. R. & REGS. § 16-06.045.216.100.

³²² CODE OF ARK. R. & REGS. § 16-06.045.216.100. Also includes counseling and education on STDs and breast self-exams.

³²³ CODE OF ARK. R. & REGS. § 16-06.045.200 to 310. Covers insertion and removal of IUDs and implantable contraceptive capsules, Depo-Provera injections and other over-the-counter or prescription contraceptives and supplies when prescribed.

STATE	DEFINITION OF FP OR FP SERVICES	EXPLICITLY COVERED										EXPLICITLY EXCLUDED	
		FP Services generally	Physical exam	FP Counseling	Supplies/ devices	Diagnostic lab tests	Sterilization	Infertility services	Abortion	Co-payment	Other	Infertility services	Other
California	The process of establishing objectives for the number and spacing of children, and selecting the means by which those objectives may be achieved. ³²⁹	X ³³⁰	X ³³¹	X ³³²	X ³³³	X ³³⁴	X ³³⁵	X ³³⁶	X ³³⁷	X ³³⁸			X ³³⁹

³²⁴ CODE OF ARK. R. & REGS. § 16-06.045.216.100. Covers STD testing, pap smear, pregnancy testing and other tests.

³²⁵ CODE OF ARK. R. & REGS. § 16-06.045.216.400. Covers sterilization of females and males when in accordance with specified requirements related to informed consent.

³²⁶ CODE OF ARK. R. & REGS. § 16-06.033.214.310, .014.216.100. Code states that federal regulations prohibit spending on abortion except when carrying the pregnancy would risk the life of the mother or for “victims of rape or incest as certified in writing by the woman's attending physician.” Code provides detailed procedures for submitting a claim for an abortion. Abortion is not considered a FP service. All abortions require prior authorization and only medically necessary abortions will be authorized.

³²⁷ CODE OF ARK. R. & REGS. § 16-06.051.134.000. No cost-sharing for FP “services and supplies.”

³²⁸ CODE OF ARK. R. & REGS. § 16-06.035.212.000. Excludes agents used to promote fertility.

³²⁹ CAL. WELF. & INST. CODE § 14132 (aa) (8). Definition is given in section establishing the Family Planning Access, Care and Treatment (Family PACT) waiver program covering those at or below 200% FPL.

³³⁰ CAL. WELF. & INST. CODE § 14132 (n), -(aa) (8). Covers FP services for women and men, subject to utilization controls.

³³¹ CAL. WELF. & INST. CODE § 14132 (aa) (8).

³³² CAL. WELF. & INST. CODE § 14132 (aa) (8). Covers “culturally and linguistically appropriate health education and counseling services, including informed consent.” Code details 12 topics which must be included in the counseling.

³³³ CAL. WELF. & INST. CODE § 14132 (aa) (8). Covers FDA-approved drugs, devices and supplies.

³³⁴ CAL. WELF. & INST. CODE § 14132 (aa) (8). Covers “general reproductive health care, including diagnosis and treatment of infections and conditions, including cancer, that threaten reproductive capability, medical family planning treatment and procedures.” CAL. CODE REGS. tit 22, § 53881 (b). Marketing and membership materials must inform members of their rights regarding family planning services.

³³⁵ CAL. WELF. & INST. CODE § 14132 (aa) (8). Covers female and male sterilization. CAL. CODE REGS. tit 22, § 51305.1. Sterilization shall only be performed under specified conditions regarding informed consent.

³³⁶ CAL. WELF. & INST. CODE § 14500.5. “Management of infertility” is included as a means of FP, however the Code does not explicitly state which infertility services are covered.

³³⁷ CAL. WELF. & INST. CODE § 14134.

³³⁸ CAL. WELF. & INST. CODE § 14132 (n), -(aa) (8). FP services also include natural family planning, abstinence methods, preconception counseling, maternal and fetal health counseling, and “emergency services and emergency services directly related to” FP.

³³⁹ CAL. WELF. & INST. CODE § 14132 (aa) (8). FP services do not include pregnancy testing solely for referral for an abortion, services ancillary to abortion, or “pregnancy care that is not incident to the diagnosis of pregnancy.” Abortion is not considered a FP service.

STATE	DEFINITION OF FP OR FP SERVICES	EXPLICITLY COVERED										EXPLICITLY EXCLUDED	
		FP Services generally	Physical exam	FP Counseling	Supplies/ devices	Diagnostic lab tests	Sterilization	Infertility services	Abortion	Co-payment	Other	Infertility services	Other
Colorado	Physical examinations, diagnoses, treatments, supplies, prescriptions and follow-up services provided to individuals of child-bearing age, including minors who can be considered to be sexually active, in a physician's office, physician's clinic, outpatient or inpatient hospital setting, family planning provider, Federally Qualified Health Center, Rural Health Clinic or a Colorado Department of Health and Environment facility. ³⁴⁰	X ³⁴¹	X ³⁴²		X ³⁴³	X ³⁴⁴	X ³⁴⁵		X ³⁴⁶	X ³⁴⁷		X ³⁴⁸	X ³⁴⁹
Connecticut	Any medically approved diagnostic procedure, treatment, counseling, drug, supply, or device which is prescribed or furnished by a provider to individuals of childbearing age for the purpose of enabling such individuals to freely determine the number and spacing of their children. ³⁵⁰	X ³⁵¹		X ³⁵²	X ³⁵³	X ³⁵⁴				X ³⁵⁵		X ³⁵⁶	

³⁴⁰ 10 COLO. CODE REGS. § 2505-10-8.730.1.

³⁴¹ COLO. REV. STAT. § 26-4-202 (2005). Covers “FP as mandated and defined by federal law.”

³⁴² 10 COLO. CODE REGS. § 2505-10-8.730.1.

³⁴³ 10 COLO. CODE REGS. § 2505-10-8.730.1. Includes “treatments, supplies and prescriptions” in definition of FP services.

³⁴⁴ 10 COLO. CODE REGS. § 2505-10-8.730.1. Includes “diagnoses” in definition of FP services.

³⁴⁵ 10 COLO. CODE REGS. § 2505-10-8.730.2. May cover sterilization when informed consent requirements are met but not when the member is under 21, incompetent or institutionalized.

³⁴⁶ 10 COLO. CODE REGS. § 2505-10-8.730.4. Covers abortion only when the pregnancy is causing a life-threatening circumstance or in cases of sexual assault or incest.

³⁴⁷ 10 COLO. CODE REGS. § 2505-10-8.754.5. No co-payment for FP “services and supplies.”

³⁴⁸ 10 COLO. CODE REGS. § 2505-10-8.830. Agents used to promote fertility may be excluded or may be subject to prior authorization.

³⁴⁹ 10 COLO. CODE REGS. § 2505-10-8.730.3. Excludes hysterectomies performed for the purpose of rendering an individual permanently incapable of reproducing. Covers hysterectomies solely for medical reasons and with informed consent.

³⁵⁰ REGS., CONN. STATE AGENCIES § 17b-262-338, 574, 608 (2006).

³⁵¹ REGS., CONN. STATE AGENCIES § 17b-134d-2 (2006). Coverage “may be granted” for FP services. § 17b-262-338, 574, 608 (2006). Includes “medically approved ... treatment” in definition of FP.

³⁵² REGS., CONN. STATE AGENCIES § 17b-262-338, 574, 608 (2006). Includes counseling in the definition of family planning services.

³⁵³ REGS., CONN. STATE AGENCIES § 17b-134d-2 (2006). Coverage “may be granted” for FP drugs, supplies and devices under the supervision of a physician.

STATE	DEFINITION OF FP OR FP SERVICES	EXPLICITLY COVERED										EXPLICITLY EXCLUDED			
		FP Services generally	Physical exam	FP	Counseling	Supplies/ devices	Diagnostic lab tests	Sterilization	Infertility services	Abortion	Co-payment	Other	Infertility services	Other	
Delaware	Those services provided to females of childbearing age to temporarily or permanently prevent or delay pregnancy. ³⁵⁷		X ³⁵⁸			X ³⁵⁹	X ³⁶⁰	X ³⁶¹		X ³⁶²			X ³⁶³	X ³⁶⁴	X ³⁶⁵
District of Columbia	Not defined.										X ³⁶⁶				
Florida	Services rendered for the purpose of enabling persons to voluntarily plan family size or plan the length of time between births. ³⁶⁷	X ³⁶⁸			X ³⁶⁹	X ³⁷⁰					X ³⁷¹	X ³⁷²			

³⁵⁴ REGS., CONN. STATE AGENCIES § 17b-262-338, 574, 608 (2006). Includes “any medically approved medical diagnostic procedure...prescribed or furnished by a provider” in the definition of FP services.

³⁵⁵ REGS., CONN. STATE AGENCIES § 17b-262-496 (2006). No co-payment for services described in CFR tit. 42 § 447.53 such as FP services and supplies.

³⁵⁶ REGS., CONN. STATE AGENCIES § 17-134d-81 (2006). Excludes drugs solely used to promote fertility.

³⁵⁷ CODE OF DEL. REGS. § 40-800-101-1.22.1 (2005).

³⁵⁸ CODE OF DEL. REGS. § 40-800-101-12.1 (2005).

³⁵⁹ CODE OF DEL. REGS. § 40-800-101-1.22, -12 (2005). Covers insertion and removal with reinsertion of contraceptive capsules, diaphragm or cervical cap fitting, insertion of IUD and injections. Covers removal of contraceptive capsules and IUDs when “diagnosis on the claim is contraceptive management.”

³⁶⁰ CODE OF DEL. REGS. § 40-800-101-1.22, -12 (2005). Covers the following when “diagnosis on the claim is contraceptive management”: urinalysis, pregnancy test, blood count, syphilis, chlamydia and herpes tests, pap smear and other specified tests.

³⁶¹ CODE OF DEL. REGS. § 40-800-101-1.22, -12 (2005). Covers tubal ligation, transaction or occlusion by device.

³⁶² CODE OF DEL. REGS. § 40-800-101-1.22, -2.2.6.2 (2005). Abortion is not covered as an FP benefit, but is covered as part of the basic MCO benefit package only if necessary to save the life of the mother or if the pregnancy is a result of an act of rape or incest, subject to rules for federal funding.

³⁶³ CODE OF DEL. REGS. § 40-800-101-1.22, -12 (2005). Covers treatment of specified STDs with antibiotics, anti virals, anti fungals and anti protozoans when provided or prescribed during an FP visit. Covers HIV screening, diagnosis, and counseling only when provided during a FP visit.

³⁶⁴ CODE OF DEL. REGS. § 40-800-101-1.22 (2005). Excludes “treatment of infertility of any modality,” including reversal of sterilization.

³⁶⁵ CODE OF DEL. REGS. § 40-800-101-1.22 (2005). FP benefits excludes condoms, treatment of and pharmaceuticals related to HIV, pharmaceuticals other than non-systemic and oral contraceptives, antibiotics, anti virals, anti fungals, and anti protozoans, pharmaceuticals prescribed to treat an STD *outside* of a family planning visit, follow up treatment for an STD that was diagnosed and treated during a family planning visit, gynecological procedures unrelated to family planning, procreative management, and hysterectomies. Note: medically necessary hysterectomies are covered as a non-FP benefit in § 40-800-103.

³⁶⁶ CODE OF D.C. REGS. tit. 22 § 3035.2 (2005).

³⁶⁷ FLA. ADMIN. CODE 59G-1.010 (86).

³⁶⁸ FLA. STAT. § 409.905.

STATE	DEFINITION OF FP OR FP SERVICES	EXPLICITLY COVERED										EXPLICITLY EXCLUDED	
		FP Services generally	Physical exam	FP Counseling	Supplies/ devices	Diagnostic lab tests	Sterilization	Infertility services	Abortion	Co-payment	Other	Infertility services	Other
Georgia	FP services: counseling and interviews with trained personnel regarding birth control, infertility, and family-planning methods and procedures; distribution of literature relating to birth control, infertility, and family planning; referral to licensed physicians or local health departments for consultation, examination, tests, medical treatment, and prescriptions for the purposes of birth control, infertility, and family planning; and, to the extent prescribed, the distribution of rhythm charts, drugs, medical preparations, contraceptive devices, and similar products used for birth control and family planning. ³⁷³	X ³⁷⁴	X ³⁷⁵	X ³⁷⁶	X ³⁷⁷		X ³⁷⁸				X ³⁷⁹		
Hawaii	Not defined.	X ³⁸⁰	X ³⁸¹	X ³⁸²	X ³⁸³	X ³⁸⁴	X ³⁸⁵	X ³⁸⁶	X ³⁸⁷	X ³⁸⁸	X ³⁸⁹	X ³⁹⁰	

³⁶⁹ FLA. STAT. § 409.905, -912 (2006). Covers “counseling regarding the availability, benefits, and risks of each method of pregnancy prevention.” Covers “counseling and FP services “for all women and their partners.”

³⁷⁰ FLA. STAT. § 409.905 (2006). Covers FP “drugs and supplies.”

³⁷¹ FLA. STAT. § 409.9081 (2006). No co-payment when services and supplies relate to FP.

³⁷² FLA. STAT. § 409.905 (2006). Covers “necessary medical care and follow-up” as part of FP services.

³⁷³ CODE OF GA ANN. § 49-7-2 (2006). Definition is not Medicaid-specific. It is given in the Social Services- Public Assistance section of the Code and is directed at “agencies” (defined as “the department, county boards of health, health districts, county departments of family and children services, and district departments of family and children services”).

³⁷⁴ CODE OF GA ANN. § 49-7-2 (2006). Not Medicaid-specific. See Note 83. “Examination” is part of definition of FP services.

³⁷⁵ CODE OF GA ANN. § 49-7-2 (2006). Not Medicaid-specific. See Note 83. “Counseling and interviews with trained personnel regarding birth control, infertility, and family-planning methods and procedures” is part of definition of FP services.

³⁷⁶ CODE OF GA ANN. § 49-7-2 (2006). Not Medicaid-specific. See Note 83. “To the extent prescribed, the distribution of rhythm charts, drugs, medical preparations, contraceptive devices, and similar products used for birth control and family planning” is part of definition of FP services.

³⁷⁷ CODE OF GA ANN. § 49-7-2 (2006). Not Medicaid-specific. See Note 83. “Tests” are part of definition of FP services.

³⁷⁸ CODE OF GA ANN. § 49-7-2 (2006). Not Medicaid-specific. See Note 83. “Prescriptions for the purposes of...infertility” is part of definition of FP services.

³⁷⁹ CODE OF GA ANN. § 49-7-2 (2006). Not Medicaid-specific. See Note 83. “Medical treatment” is part of definition of FP services.

³⁸⁰ CODE OF HI. R. § 17-1727-49, -1728-18, -1737-46. Plans participating in the MEDQUEST demonstration project and QUESTNET must provide FP services. Further, “all fee for service Medicaid recipients, male or female, including minors, who are sexually active or of child-bearing age, are eligible for family planning services and supplies.”

STATE	DEFINITION OF FP OR FP SERVICES	EXPLICITLY COVERED										EXPLICITLY EXCLUDED	
		FP Services generally	Physical exam	FP Counseling	Supplies/ devices	Diagnostic lab tests	Sterilization	Infertility services	Abortion	Co-payment	Other	Infertility services	Other
Idaho	Not defined.	X ³⁹¹		X ³⁹²	X ³⁹³		X ³⁹⁴		X ³⁹⁵			X ³⁹⁶	X ³⁹⁷
Illinois	Not defined.	X ³⁹⁸	X ³⁹⁹		X ⁴⁰⁰	X ⁴⁰¹	X ⁴⁰²		X ⁴⁰³	X ⁴⁰⁴		X ⁴⁰⁵	

³⁸¹ CODE OF HI. R. § 17-1737-46. Includes breast and pelvic examination for fee for service Medicaid recipients.

³⁸² CODE OF HI. R. § 17-1737-46. Covers FP counseling for fee for service Medicaid recipients.

³⁸³ CODE OF HI. R. § 17-1737-46. Covers “medically approved methods, procedures, pharmaceutical supplies and devices to prevent conception” for fee for service Medicaid recipients.

³⁸⁴ CODE OF HI. R. § 17-1737-46. Covers FP “laboratory examinations and tests” for fee for service Medicaid recipients.

³⁸⁵ CODE OF HI. R. § 17-1737-46-48. Covers “voluntary sterilization” for fee for service Medicaid recipients when specified informed consent requirements are met.

³⁸⁶ CODE OF HI. R. § 17-1737-46. Covers FP “diagnosis and treatment for infertility except in cases where infertility is due to previous voluntary sterilization procedures or treatments” for fee for service Medicaid recipients.

³⁸⁷ CODE OF HI. R. § 17-1727-49. Plans participating in the MEDQUEST demonstration project must provide “treatment of missed, threatened, incomplete and elective abortions.”

³⁸⁸ CODE OF HI. R. § 17-1727-61. No co-payments for Plans participating in the MEDQUEST demonstration project.

³⁸⁹ CODE OF HI. R. § 17-1727-49, -1728-18, -1737-46. New fee for service Medicaid recipients must be given an informational brochure about Medicaid’s FP services. Fee for service recipients are also eligible for natural FP methods.

³⁹⁰ CODE OF HI. R. § 17-1737-46-48. Hysterectomies are not covered when performed solely or primarily for sterilization purposes.

³⁹¹ IDAHO CODE § 56-255 (2006). Cover FP services and supplies.

³⁹² IDAHO ADMIN. CODE § 16.03.09.090 (2005). Covers FP counseling.

³⁹³ IDAHO ADMIN. CODE § 16.03.09.090 (2005). Covers contraceptive supplies including condoms, foams, creams and jellies, prescription diaphragms, intrauterine devices, and oral contraceptives.

³⁹⁴ IDAHO ADMIN. CODE § 16.03.09.090 (2005). Covers sterilization when in accordance with informed consent related requirements.

³⁹⁵ IDAHO CODE § 56-255 (2006), IDAHO ADMIN. CODE § 16.03.09.095 (2005). Covers abortion only when “necessary to save the life of the woman or in cases of rape or incest as determined by the courts or, where no court determination has been made, if reported to a law enforcement agency.”

³⁹⁶ IDAHO ADMIN. CODE § 16.03.09.065 (2005). Excludes procedures and testing for the inducement of fertility. This includes, but is not limited to, artificial inseminations, consultations, counseling, office exams, tuboplasties, and vasovasostomies.

³⁹⁷ IDAHO ADMIN. CODE § 16.03.09.090 (2005). Excludes hysterectomies performed solely for sterilization purposes.

³⁹⁸ ILL. ADMIN. CODE tit. 89 § 140.3.

³⁹⁹ ILL. ADMIN. CODE tit. 89 § 140.482, -.486 (2006). Covers preliminary and annual physical examinations under regular Medicaid and Waiver programs.

⁴⁰⁰ ILL. ADMIN. CODE tit. 89 § 140.482 (2006). Covers contraceptive devices and supplies. Waiver program specifies coverage for “birth control drugs and devices, including the inserting, implanting or injecting of a birth control drug and removing of a birth control device.”

⁴⁰¹ ILL. ADMIN. CODE tit. 89 § 140.482, -.486 (2006). Covers lab tests. Waiver program specifies coverage for pap smear, testing and treating for STDs, HIV tests, diagnostic tests, and mammograms.

STATE	DEFINITION OF FP OR FP SERVICES	EXPLICITLY COVERED										EXPLICITLY EXCLUDED	
		FP Services generally	Physical exam	FP	Counseling	Supplies/ devices	Diagnostic lab tests	Sterilization	Infertility services	Abortion	Co-payment	Other	Infertility services
Indiana	Not defined.	X ⁴⁰⁶					X ⁴⁰⁷		X ⁴⁰⁸	X ⁴⁰⁹		X ⁴¹⁰	
Iowa	Not defined.	X ⁴¹¹					X ⁴¹²		X ⁴¹³	X ⁴¹⁴			X ⁴¹⁵
Kansas	Not defined.	X ⁴¹⁶					X ⁴¹⁷			X ⁴¹⁸		X ⁴¹⁹	
Kentucky	Counseling services, medical services, and pharmaceutical supplies and devices to aid those who decide to prevent or delay pregnancy. ⁴²⁰	X ⁴²¹		X ⁴²²	X ⁴²³				X ⁴²⁴	X ⁴²⁵		X ⁴²⁶	X ⁴²⁷

⁴⁰² ILL. ADMIN. CODE tit. 89 § 140.482-3, -.486 (2006). Covers sterilization when in accordance with specified informed consent related requirements. Also covered under Waiver program.

⁴⁰³ ILL. ADMIN. CODE tit. 89 § 140.413 (2006). Covers abortion only to preserve the life of the mother.

⁴⁰⁴ ILL. ADMIN. CODE tit. 89 § 140.402 (2006). No co-payment for FP services.

⁴⁰⁵ ILL. ADMIN. CODE tit. 89 § 140.6 (2006). Excludes “diagnostic and/or therapeutic procedures related to primary infertility/sterility and artificial insemination.”

⁴⁰⁶ IND. CODE ANN. § 12-15-5-1 (2006). Covers FP services. IND. ADMIN. CODE tit. 405 § 5-22-3 (2006). Covers FP services performed by certified nurse-midwives.

⁴⁰⁷ IND. ADMIN. CODE tit. 405 § 5-28-8 (2006). Covers sterilization when in compliance with federal law and in accordance with informed consent related requirements.

⁴⁰⁸ IND. ADMIN. CODE tit. 405 § 5-28-7 (2006). “Medicaid reimbursement is available for abortions only if performed to preserve the life of the pregnant woman or in other circumstances if the abortion is required to be covered by Medicaid under federal law. Termination of an ectopic pregnancy is not considered an abortion.”

⁴⁰⁹ IND. CODE ANN. § 12-15-6-4 (2006), IND. ADMIN. CODE tit. 405 § 1-8-4 (2006). No co-payment for FP services and supplies described in 42 U.S.C. 1396d (a)(4)(C).

⁴¹⁰ IND. ADMIN. CODE tit. 405 § 5-29-1 (2006). Excludes fallopian tuboplasty (reanastomosis of the fallopian tubes) for infertility, vasovasostomy (reanastomosis of the vas deferens) and artificial insemination.

⁴¹¹ IOWA ADMIN. CODE tit. 441 § 88.25(2), -85.5(2) (249A) (2006). Covers FP services.

⁴¹² IOWA ADMIN. CODE tit. 441 § 78.2.1 (16) (249A) (2006). Covers sterilization when in accordance with requirements related to informed consent.

⁴¹³ IOWA ADMIN CODE tit. 441 § 78.1 (17) (249A) (2006). Covers abortion when: (1) the pregnant woman's life would be endangered if the fetus were carried to term; or (2) the fetus is physically deformed, mentally deficient or afflicted with a congenital illness; or (3) the pregnancy was the result of rape reported to a law enforcement agency or public or private health agency which may include a family physician within 45 days of the date of occurrence of the incident; or (4) the pregnancy was the result of incest reported to a law enforcement agency or public or private health agency including a family physician no later than 150 days after the date of occurrence.

⁴¹⁴ IOWA ADMIN CODE tit. 441 § 79.1 (13) (249A) (2006).

⁴¹⁵ IOWA ADMIN CODE tit. 441 § 78.2.1 (16) (249A) (2006). Hysterectomy is covered only for a medically necessary purpose other than sterilization.

⁴¹⁶ KAN. ADMIN. REGS. § 30-5-88, (2006). Covers FP services and materials.

⁴¹⁷ KAN. ADMIN. REGS. § 30-5-88 (2006). Covers sterilizations.

⁴¹⁸ KAN. ADMIN. REGS. § 30-5-71 (2006). No co-payment for FP services.

⁴¹⁹ KAN. ADMIN. REGS. § 30-5-88 (2006). Excludes sterilization reversals.

⁴²⁰ KY. ADMIN. REGS. tit. 907 § 1:705. Defined in context of FP waiver description.

STATE	DEFINITION OF FP OR FP SERVICES	EXPLICITLY COVERED										EXPLICITLY EXCLUDED		
		FP Services generally	Physical exam	FP Counseling	Supplies/ devices	Diagnostic lab tests	Sterilization	Infertility services	Abortion	Co-payment	Other	Infertility services	Other	
Louisiana	Not defined.		X ⁴²⁸		X ⁴²⁹	X ⁴³⁰	X ⁴³¹							X ⁴³²
Maine	The informed and voluntary determination by the client of desired family size and timing of child bearing and to reproductive health care both directly and indirectly related to child bearing. ⁴³³	X ⁴³⁴	X ⁴³⁵	X ⁴³⁶	X ⁴³⁷	X ⁴³⁸		X ⁴³⁹	X ⁴⁴⁰		X ⁴⁴¹		X ⁴⁴²	
Maryland	Providing individuals with the information and means to	X ⁴⁴⁴	X ⁴⁴⁵	X ⁴⁴⁶	X ⁴⁴⁷	X ⁴⁴⁸		X ⁴⁴⁹	X ⁴⁵⁰		X ⁴⁵¹			

⁴²¹ KY. ADMIN. REGS. tit. 907 § 1:054, -.434 Covers FP services. Incorporates by reference the Family Planning Service Manual which details FP policies, procedures and benefits. The Manual is available from the Office of the Commissioner, Department for Medicaid Services.

⁴²² KY. ADMIN. REGS. tit. 907 § 1:048. Covers counseling.

⁴²³ KY. ADMIN. REGS. tit. 907 § 1:048. Covers FP supplies.

⁴²⁴ KY. ADMIN. REGS.. tit. 907 § 1:054. "Abortion services shall be performed in accordance with guidelines specified by the cabinet."

⁴²⁵ KY. ADMIN. REGS. tit. 907 § 1:604. No co-payment for exclusions established in 42 C.F.R. 447.53 which excludes FP services and supplies.

⁴²⁶ KY. ADMIN. REGS. tit. 907 § 3:005. Excludes procedures performed to promote or improve fertility.

⁴²⁷ KY. ADMIN. REGS. tit. 907 § 3:005. Excludes hysterectomies for the purpose of sterilization.

⁴²⁸ LA. ADMIN. CODE tit. 50 § 20501 (2006). FP waiver program covers physical exams.

⁴²⁹ LA. REV. STAT. 46:447.1 (2006). The secretary of the Department of Health and Hospitals shall promulgate a list of approved contraceptive methods and devices based on their safety and effectiveness, and make them available to Medicaid members. LA. ADMIN. CODE tit. 50 § 20501 (2006). FP waiver program covers FDA approved FP pharmaceuticals, devices, methods or supplies.

⁴³⁰ LA. ADMIN. CODE tit. 50 § 20501 (2006). FP waiver program covers necessary lab tests.

⁴³¹ LA. ADMIN. CODE tit. 50 § 20501 (2006). FP waiver program covers sterilization.

⁴³² LA. REV. STAT. 46:447.1 (2006). The contraceptive methods and devices approved for FP by the secretary "shall not include abortifacients."

⁴³³ CODE OF ME R. § 10-144-101 (2005) 30.01-1.

⁴³⁴ CODE OF ME R. § 10-144-101 (2005) 30.04-1. Covers physical exam of the reproductive organs including breasts.

⁴³⁵ CODE OF ME R. § 10-144-101 (2005) 30.01-3. Covers consultation and distribution of literature regarding FP.

⁴³⁶ CODE OF ME R. § 10-144-101 (2005) 30.04-1. Covers contraceptive supplies.

⁴³⁷ CODE OF ME R. § 10-144-101 (2005) 30.04-1. Covers pap smear, STD and HIV screening when indicated.

⁴³⁸ CODE OF ME R. § 10-144-101 (2005) 90.05-2. Covers sterilization when in accordance with requirements relating to informed consent.

⁴³⁹ CODE OF ME R. § 10-144-101 (2005) 90.05-2. Covers abortion only if necessary to save the life of the mother, or if the pregnancy is the result of an act of rape or incest.

⁴⁴⁰ ME. REV. STAT. tit. 22 § 3173-C (2005). No co-payment for FP services.

⁴⁴¹ CODE OF ME R. § 10-144-101 (2005) 80.06, -90.07. Excludes fertility drugs and "treatments and procedures solely for the purpose of evaluation or treatment of infertility."

⁴⁴² CODE OF ME R. § 10-144-101 (2005) 90.05-2. Excludes hysterectomies for the purpose of sterilization.

STATE	DEFINITION OF FP OR FP SERVICES	EXPLICITLY COVERED										EXPLICITLY EXCLUDED		
		FP Services generally	Physical exam	FP Counseling	Supplies/ devices	Diagnostic lab tests	Sterilization	Infertility services	Abortion	Co-payment	Other	Infertility services	Other	
	prevent unwanted pregnancy and maintain reproductive health. ⁴⁴³													
Massachusetts	Not defined.	X ⁴⁵²	X ⁴⁵³	X ⁴⁵⁴	X ⁴⁵⁵	X ⁴⁵⁶		X ⁴⁵⁷	X ⁴⁵⁸			X ⁴⁵⁹		
Michigan	Not defined. ⁴⁶⁰							X ⁴⁶¹				X ⁴⁶²	X ⁴⁶³	

⁴⁴³ CODE OF MD REGS. 10.09.58.02 (B) (2005).

⁴⁴⁴ CODE OF MD REGS. 10.09.58.05 (A) (2005). Covers physical exam including breast and pelvic exams and other specified tests.

⁴⁴⁵ CODE OF MD REGS. 10.09.58.05 (A) (2005). Covers advice and counseling regarding all FP methods.

⁴⁴⁶ CODE OF MD REGS. 10.09.58.05 (E) (2005). Covers “pharmaceutical supplies and devices to prevent conception through chemical, mechanical, or other methods.”

⁴⁴⁷ CODE OF MD REGS. 10.09.58.05 (D) (2005). Covers lab tests including pap smear and specified STD tests.

⁴⁴⁸ CODE OF MD REGS. 10.09.58.05 (F) (2005). Covers tubal ligation when in accordance with federal law regarding informed consent.

⁴⁴⁹ CODE OF MD REGS. 10.09.02.04, -.58.06 (2005). Covers abortion as a physician service if a physician certifies that (1) continuation of pregnancy is likely to result in the death of the woman; or (2) the woman is a victim of rape, sexual offense, or incest which has been reported to a law enforcement agency or a public health or social agency; or (3) the fetus is affected by genetic defect or serious deformity or abnormality; or (4) there is substantial risk that continuation of the pregnancy could have a serious and adverse effect on the woman's present or future physical health; or (5) continuation of the pregnancy is creating a serious effect on the woman's present mental health and if carried to term there is substantial risk of a serious or long lasting effect on the woman's future mental health. Excludes “therapeutic abortion” as an FP service.

⁴⁵⁰ CODE OF MD REGS. 10.09.03.05, -.6701 (2005). No co-payment for prescription FP services and supplies. MCOs may not charge Medicaid members for FP services and supplies.

⁴⁵¹ CODE OF MD REGS. 10.09.58.06 (2005). Excludes infertility services, including reversal of sterilization.

⁴⁵² CODE OF MASS. REGS. tit. 130 § 421.412. FP agencies participating in Medicaid must provide physical examinations including specified tests for women and men.

⁴⁵³ CODE OF MASS. REGS. tit. 130 § 421.413. FP agencies participating in Medicaid must provide counseling to assist members in achieving their FP goals.

⁴⁵⁴ CODE OF MASS. REGS. tit. 130 § 421.412. FP agencies participating in Medicaid must “make available all methods of contraception listed in Subchapter 6 of the FP Agency Manual.”

⁴⁵⁵ CODE OF MASS. REGS. tit. 130 § 421.412. FP agencies participating in Medicaid must provide lab services including a pap smear and “any laboratory test indicated by the member's history or examination.”

⁴⁵⁶ CODE OF MASS. REGS. tit. 130 § 485.001. Covers sterilization for women and men.

⁴⁵⁷ CODE OF MASS. REGS. tit. 130 § 484.001. Covers abortion only when medically necessary or when abortion is performed on the victim of rape or incest when such rape or incest was reported to a law enforcement agency within 60 days of the incident.

⁴⁵⁸ CODE OF MASS. REGS. tit. 130 § 520.037. No co-payments for “family-planning services and supplies such as oral contraceptives, contraceptive devices such as diaphragms and condoms, and contraceptive jellies, creams, foams, and suppositories.”

⁴⁵⁹ CODE OF MASS. REGS. tit. 130 § 421.417. Excludes treatment of male or female infertility, including, but not limited to, laboratory tests, drugs, and procedures associated with such treatment.

STATE	DEFINITION OF FP OR FP SERVICES	EXPLICITLY COVERED										EXPLICITLY EXCLUDED	
		FP Services generally	Physical exam	FP Counseling	Supplies/ devices	Diagnostic lab tests	Sterilization	Infertility services	Abortion	Co-payment	Other	Infertility services	Other
Minnesota	A family planning supply or health service, including screening, testing, and counseling for sexually transmitted diseases, such as HIV, when provided in conjunction with the voluntary planning of the conception and bearing of children and related to a recipient's condition of fertility. ⁴⁶⁴	X ⁴⁶⁵			X ⁴⁶⁶	X ⁴⁶⁷	X ⁴⁶⁸		X ⁴⁶⁹	X ⁴⁷⁰		X ⁴⁷¹	
Mississippi	Any medically approved means, including diagnosis, treatment, drugs, supplies and devices, and related counseling which are furnished or prescribed by or under the supervision of a physician for individuals of childbearing age for purposes of enabling such	X ⁴⁷³	X ⁴⁷⁴	X ⁴⁷⁵	X ⁴⁷⁶	X ⁴⁷⁷	X ⁴⁷⁸	X ⁴⁷⁹	X ⁴⁸⁰	X ⁴⁸¹		X ⁴⁸²	X ⁴⁸³

⁴⁶⁰ State statutes and administrative code do not address specific Medicaid FP benefits. MICH. COMP. LAWS § 400.14b (2006) states that the director, and under his supervision, county, city and district departments of social welfare may make referrals for FP advice and treatment and necessary FP drugs and recognized medical appliances available to recipients of public assistance upon request. Further, “such FP services shall be made available in accordance with rules and regulations promulgated by the director under law.”

⁴⁶¹ MICH. COMP. LAWS § 400.109d (2006). No funds may be used for abortion unless it is necessary to save the life of the mother.

⁴⁶² MICH. ADMIN. CODE R § 9505.0345 (2006). Excludes sterilization reversal and artificial insemination.

⁴⁶³ MICH. ADMIN. CODE R § 400.7704 (2006) Excludes hysterectomies for purely FP purposes.

⁴⁶⁴ MINN. R. 9505.0280 (2006).

⁴⁶⁵ MINN. R. 9505.0255 (2006). Covers FP services.

⁴⁶⁶ MINN. STAT. § 256B.0625 (2005). Covers over the counter FP products when prescribed. MINN. R. 9505.0280 (2006). Covers prescribed drugs and contraceptive FP devices.

⁴⁶⁷ MINN. R. 9505.0280 (2006). Covers screening, testing, and counseling for sexually transmitted diseases, such as HIV when in conjunction with planning of conception.

⁴⁶⁸ MINN. R. 9505.0280 (2006). Covers voluntary sterilization when in accordance with federal law regarding informed consent.

⁴⁶⁹ MINN. STAT. § 256B.40 (2005), MINN. R. 9505.0235 (2006). Covers abortion services, but only if: (1) the abortion is medically necessary to prevent the death of the mother and the mother has consented to the procedure; or (2) “the pregnancy is the result of criminal sexual conduct . . . , and the incident is reported within 48 hours after the incident occurs to a valid law enforcement agency for investigation, unless the victim is physically unable to report the criminal sexual conduct, in which case the report shall be made within 48 hours after the victim becomes physically able to report the criminal sexual conduct;” or (3) “the pregnancy is the result of incest, but only if the incident and relative are reported to a valid law enforcement agency for investigation prior to the abortion.”

⁴⁷⁰ MINN. STAT. § 256B.78 (2005). No co-payment for FP services.

⁴⁷¹ MINN. R. 9505.0625, -.0345 (2006). Excludes fertility drugs when specifically used to promote fertility. Also excludes sterilization reversal and artificial insemination.

STATE	DEFINITION OF FP OR FP SERVICES	EXPLICITLY COVERED										EXPLICITLY EXCLUDED		
		FP Services generally	Physical exam	FP Counseling	Supplies/ devices	Diagnostic lab tests	Sterilization	Infertility services	Abortion	Co-payment	Other	Infertility services	Other	
Missouri	<p>individuals freely to determine the number or spacing of their children.⁴⁷²</p> <p>As defined by federal rules and regulations; provided, however, that such family planning services shall not include abortions unless such abortions are certified in writing by a physician to the Medicaid agency that, in his professional judgment, the life of the mother would be endangered if the fetus were carried to term.⁴⁸⁴</p>		X ⁴⁸⁵	X ⁴⁸⁶	X ⁴⁸⁷	X ⁴⁸⁸	X ⁴⁸⁹		X ⁴⁹⁰	X ⁴⁹¹				

⁴⁷² CODE OF MISS. STATE REGS. § 13-010-012 (2005).

⁴⁷³ MISS. CODE ANN. § 43-13-117 (2006).

⁴⁷⁴ CODE OF MISS. STATE REGS. § 13 000 011-39.04. Waiver program covers initial exam visits, annual visits, follow-up visits.

⁴⁷⁵ CODE OF MISS. STATE REGS. § 13 000 011-39.04. Waiver program covers counseling.

⁴⁷⁶ CODE OF MISS. STATE REGS. § 13 000 011-39.04. Waiver program covers medically necessary supplies related to birth control and pregnancy prevention services and prescribed drugs and devices. Also covers “IUD and IUCD insertions, or any other invasive contraceptive procedure/devices.”

⁴⁷⁷ CODE OF MISS. STATE REGS. § 13 000 011-39.04. Waiver program covers laboratory tests and procedures associated with FP.

⁴⁷⁸ CODE OF MISS. STATE REGS. § 13 000 011-39.04. Waiver program covers tubal ligation.

⁴⁷⁹ CODE OF MISS. STATE REGS. § 13 000 011-39.04. Waiver program covers “procedures provided for the purpose of diagnosing or treating infertility” but not “reversal of sterilization, artificial or intrauterine insemination or in-vitro fertilization.”

⁴⁸⁰ CODE OF MISS. STATE REGS. § 13 000 010-12.5308. No public funds are to be used for abortion except to prevent the death of the mother, to terminate a pregnancy resulting from an alleged act of rape or incest, or when there is a fetal malformation that is incompatible with the baby being born alive.

⁴⁸¹ CODE OF MISS. STATE REGS. § 13 000 010-21. No co-payments for FP services.

⁴⁸² CODE OF MISS. STATE REGS. § 13 000 010-22. Pharmacy manual excludes drugs when used to promote fertility.

⁴⁸³ CODE OF MISS. STATE REGS. § 13 000 011-39.04. Waiver program excludes the following: transportation, infertility studies, sterilization by hysterectomy, therapeutic abortions and related services, spontaneous, missed or septic abortions and related services, and removal of IUD because the recipient has a uterine or pelvic infection.

⁴⁸⁴ REV. STAT. MO. § 208.152 (2005).

⁴⁸⁵ CODE OF MO. STATE REGS. tit. 13 § 70-4.090 (2006). The Uninsured Women’s Health Program covers women who would otherwise become ineligible for Medicaid after their pregnancy. Benefits include pelvic exams.

⁴⁸⁶ CODE OF MO. STATE REGS. tit. 13 § 70-4.090 (2006). Benefits under the Uninsured Women’s Health Program include FP counseling and education. See Note 95.

⁴⁸⁷ CODE OF MO. STATE REGS. tit. 13 § 70-4.090 (2006). Benefits under the Uninsured Women’s Health Program include “United States Department of Health and Human Services approved methods of contraception including sterilization and x-ray services related to the sterilization, and drugs (excluding anti-retrovirals), supplies or devices related to the women’s health services.” See Note 195.

STATE	DEFINITION OF FP OR FP SERVICES	EXPLICITLY COVERED							EXPLICITLY EXCLUDED			
		FP Services generally	Physical exam	FP Counseling	Supplies/ devices	Diagnostic lab tests	Sterilization	Infertility services	Abortion	Co-payment	Other	Infertility services
Montana	Not defined.		X ⁴⁹²	X ⁴⁹³	X ⁴⁹⁴	X ⁴⁹⁵	X ⁴⁹⁶		X ⁴⁹⁷	X ⁴⁹⁸	X ⁴⁹⁹	X ⁵⁰⁰
Nebraska	Services to prevent or delay pregnancy, including counseling services and patient education, examination and treatment by medical professionals, laboratory examinations and tests, medically approved methods, procedures, pharmaceutical supplies and devices to prevent conception. ⁵⁰¹	X ⁵⁰²	X ⁵⁰³	X ⁵⁰⁴	X ⁵⁰⁵	X ⁵⁰⁶	X ⁵⁰⁷		X ⁵⁰⁸	X ⁵⁰⁹	X ⁵¹⁰	X ⁵¹¹

⁴⁸⁸ CODE OF MO. STATE REGS. tit. 13 § 70-4.090 (2006). Benefits under the Uninsured Women’s Health Program include pap test and STD testing and treatment. See Note 195.

⁴⁸⁹ CODE OF MO. STATE REGS. tit. 13 § 70-4.090 (2006). Benefits under the Uninsured Women’s Health Program include sterilization and associated x-rays. See Note 195.

⁴⁹⁰ REV. STAT. MO. § 208.655 (2005). No funds “may be expended to encourage, counsel or refer for abortion unless the abortion is done to save the life of the mother or if the unborn child is the result of rape or incest.” 13 CODE OF STATE REGS. 70-25.100 (2006). Excludes abortion except where a physician has certified that the life of the mother would be endangered if the fetus were carried to term.

⁴⁹¹ CODE OF MO. STATE REGS. tit. 13 § 70-4.050 (2006). No co-payment for FP services.

⁴⁹² MONT. ADMIN. R. 37.86.1701(2005). Covers initial physical examination, annual and routine visits and complete medical history. Regulation provides detailed list of procedures included in initial exam and subsequent visits.

⁴⁹³ MONT. ADMIN. R. 37.86.1701(2005). Covers counseling, education and information on specified topics related to reproductive health.

⁴⁹⁴ MONT. ADMIN. R. 37.86.1701(2005). Covers insertion, fitting or removal of an IUD, diaphragm or subcutaneous device.

⁴⁹⁵ MONT. ADMIN. R. 37.86.1701(2005). Covers lab services which may include a urinalysis, hematocrit, and pap smear.

⁴⁹⁶ MONT. ADMIN. R. 37.86.104 (2005). Covers sterilization when in accordance with informed consent-related requirements.

⁴⁹⁷ MONT. ADMIN. R. 37.86.104 (2005). Covers abortion when the life of the mother would be endangered if the fetus were carried to term or when the pregnancy is the result of an act of rape or incest.

⁴⁹⁸ MONT. ADMIN. R. 37.85.204 (2006). No co-payment for FP.

⁴⁹⁹ MONT. ADMIN. R. 37.86.5007 (2005). HMOs serving Medicaid clients must cover screening, testing, and treatment of and pre- and post-test counseling for STDs and HIV.

⁵⁰⁰ MONT. ADMIN. R. 37.85.207 (2005). Excludes infertility treatment, including sterilization reversal.

⁵⁰¹ NEB. ADMIN. CODE tit. 482-4 (2004).

⁵⁰² NEB. ADMIN. CODE tit. 471-1 (2004).

⁵⁰³ NEB. ADMIN. CODE tit. 471-1 (2004). Covers initial physical examination and health history, annual and follow-up visits.

⁵⁰⁴ NEB. ADMIN. CODE tit. 482-4 (2004).

⁵⁰⁵ NEB. ADMIN. CODE tit. 471-1 (2004). Covers prescribing and supplying of FP supplies and devices.

⁵⁰⁶ NEB. ADMIN. CODE tit. 482-4 (2004). Covers diagnostic lab examinations and tests.

⁵⁰⁷ NEB. ADMIN. CODE tit. 482-4 (2004). Covers tubal ligation and vasectomies.

STATE	DEFINITION OF FP OR FP SERVICES	EXPLICITLY COVERED										EXPLICITLY EXCLUDED	
		FP Services generally	Physical exam	FP Counseling	Supplies/ devices	Diagnostic lab tests	Sterilization	Infertility services	Abortion	Co-payment	Other	Infertility services	Other
Nevada	Not defined. ⁵¹²												
New Hampshire	Services and/or medical supplies provided by or under the supervision of a physician or other health professional for the following purpose: (1) To improve the health of a recipient; or (2) To provide recipients with information sufficient for them, through informed consent, to determine the number and spacing of children, with the exception of medical, surgical, or pharmaceutical treatment to enhance, promote, or restore fertility. ⁵¹³	X ⁵¹⁴			X ⁵¹⁵		X ⁵¹⁶			X ⁵¹⁷		X ⁵¹⁸	X ⁵¹⁹
New Jersey	Not defined.		X ⁵²⁰	X ⁵²¹	X ⁵²²	X ⁵²³			X ⁵²⁴	X ⁵²⁵	X ⁵²⁶	X ⁵²⁷	

⁵⁰⁸ NEB. ADMIN. CODE tit. 482-10 (2004). Covers abortions “only when the life of the mother would be endangered if the fetus were carried to term.”

⁵⁰⁹ NEB. ADMIN. CODE tit. 471-3 (2004).

⁵¹⁰ NEB. ADMIN. CODE tit. 482-4 (2004). Covers treatment of STDs including but not limited to chlamydia, gonorrhea and syphilis.

⁵¹¹ NEB. ADMIN. CODE tit. 482-10 (2004). Excludes fertility treatment when the sole purpose is achieving pregnancy.

⁵¹² State statutes and administrative code do not address Medicaid FP benefits. Nevada Division of Health Care Policy and Financing promulgates measures in Medicaid Operations, Services and State Plan Manuals.

⁵¹³ N.H. ADMIN. R, He-W 541.01 (2005).

⁵¹⁴ N.H. ADMIN. R, He-W 541.02 (2005). “All Title XIX recipients shall be eligible for family planning services, in accordance with He-W 541.”

⁵¹⁵ N.H. ADMIN. R, He-W 541.05 (2005). Covers prescription and non-prescription contraceptive devices or drugs.

⁵¹⁶ N.H. ADMIN. R, He-W 541.05 (2005). Covers sterilization when in accordance with informed consent-related requirements.

⁵¹⁷ N.H. ADMIN. R, He-W 530.01, 570.13 (2005). No co-payment for FP products.

⁵¹⁸ N.H. ADMIN. R, He-W 541.06 (2005). Excludes “medical, surgical, or pharmaceutical treatment ... for the sole purpose of enhancing, promoting or restoring fertility.”

⁵¹⁹ N.H. ADMIN. R, He-W 541.06 (2005). Excludes hysterectomy performed for the sole purpose of sterilization.

⁵²⁰ N.J ADMIN. CODE tit. 10 § 49-5.2 (2006). Includes pelvic and breast exams and medical history.

⁵²¹ N.J ADMIN. CODE tit. 10 § 49-5.2 (2006).

⁵²² N.J ADMIN. CODE tit. 10 § 49-5.2 (2006).

⁵²³ N.J ADMIN. CODE tit. 10 § 49-5.2 (2006). Covers “diagnostic and laboratory tests.”

⁵²⁴ N.J. STAT. § 30:4D-6.1 (2006). “No payments for medical assistance shall be made under the act hereby supplemented for the termination of a woman's pregnancy for any reason except where it is medically indicated to be necessary to preserve the woman's life.” But see N.J ADMIN .CODE. tit. 10 § 49-21.4 (2006). Covers “elective/induced abortion services.”

STATE	DEFINITION OF FP OR FP SERVICES	EXPLICITLY COVERED										EXPLICITLY EXCLUDED	
		FP Services generally	Physical exam	FP	Counseling	Supplies/ devices	Diagnostic lab tests	Sterilization	Infertility services	Abortion	Co-payment	Other	Infertility services
New Mexico	Services provided to members of childbearing age to temporarily or permanently prevent or delay pregnancy. ⁵²⁸				X ⁵²⁹		X ⁵³⁰		X ⁵³¹			X ⁵³²	X ⁵³³
New York	The offering, arranging and furnishing of those health services which enable individuals, including minors who may be sexually active to prevent or reduce the incidence of unwanted pregnancies. ⁵³⁴	X ⁵³⁵		X ⁵³⁶	X ⁵³⁷		X ⁵³⁸		X ⁵³⁹			X ⁵⁴⁰	X ⁵⁴¹

⁵²⁵ N.J. ADMIN. CODE tit. 10 § 49-9.1 (2006). No co-payments for FP for NY Family Care Plan or D members.

⁵²⁶ N.J. ADMIN. CODE tit. 10 § 49-5.2 (2006). Covers genetic counseling.

⁵²⁷ N.J. ADMIN. CODE tit. 10 § 49-5.2 (2006). Excludes “services provided primarily for the diagnosis and treatment of infertility, including sterilization reversals, and related office (medical and clinic) visits, drugs, laboratory services, radiological and diagnostic services and surgical procedures.”

⁵²⁸ N.M. ADMIN. CODE tit. 8 § 306.1.7 (2006).

⁵²⁹ N.M. ADMIN. CODE tit. 8 § 325.3.12 A (2006). Covers “medically necessary methods, procedures, pharmaceutical supplies and devices to prevent unintended pregnancy, or contraception including oral contraceptives, condoms, intrauterine devices (IUD), depoprovera injections, diaphragms and foams.”

⁵³⁰ N.M. ADMIN. CODE tit. 8 § 325.3.12 A (2006). Covers medically necessary sterilizations when in accordance with informed consent-related requirements.

⁵³¹ N.M. ADMIN. CODE tit. 8 § 325.7.12 A (2006). Covers abortion when: “(1) the procedure is necessary to save the life of the mother as certified in writing by a physician; or (2) the pregnancy is a result of rape or incest, as certified by the treating physician and/or the appropriate reporting agency, or if not reported, the patient is not physically or emotionally able to report the incident; or (3) the procedure is necessary to terminate an ectopic pregnancy; or (4) the procedure is necessary because the pregnancy aggravates a pre-existing condition, makes treatment of a condition impossible, interferes with or hampers a diagnosis, or has a profound negative impact upon the physical or mental health of an individual.”

⁵³² N.M. ADMIN. CODE tit. 8 § 325.3.13 (2006). Excludes fertility drugs, in vitro fertilization, artificial insemination and sterilization reversals.

⁵³³ N.M. ADMIN. CODE tit. 8 § 325.3.12 B, -.13 (2006). Excludes hysterectomies performed for the sole purpose of sterilization and “elective” abortions.

⁵³⁴ 18 N.Y. CODES R. & REGS. § 505.13 (2006).

⁵³⁵ N.Y. SOC. SERV. LAW § 365-A (2006). Medical assistance “shall include FP services and supplies for eligible persons of childbearing age, including children under twenty-one years of age who can be considered sexually active, who desire such services and supplies, in accordance with the requirements of federal law and regulations and the regulations of the department.”

⁵³⁶ 18 N.Y. CODES R. & REGS. § 505.13 (2006). Covers counseling services.

⁵³⁷ 18 N.Y. CODES R. & REGS. § 505.13 (2006). Covers “prescription drugs, nonprescription drugs and medical supplies prescribed by a qualified physician, nurse practitioner or physician's assistants.”

⁵³⁸ 18 N.Y. CODES R. & REGS. § 505.13 (2006). Covers sterilization when in accordance with requirements relating to informed consent.

STATE	DEFINITION OF FP OR FP SERVICES	EXPLICITLY COVERED										EXPLICITLY EXCLUDED	
		FP Services generally	Physical exam	FP Counseling	Supplies/ devices	Diagnostic lab tests	Sterilization	Infertility services	Abortion	Co-payment	Other	Infertility services	Other
North Carolina	Not defined.	X ⁵⁴²	X ⁵⁴³	X ⁵⁴⁴	X ⁵⁴⁵	X ⁵⁴⁶	X ⁵⁴⁷	X ⁵⁴⁸	X ⁵⁴⁹	X ⁵⁵⁰	X ⁵⁵¹		
North Dakota	Not defined.	X ⁵⁵²			X ⁵⁵³				X ⁵⁵⁴	X ⁵⁵⁵			
Ohio	The means of enabling individuals of childbearing age, including minors who can be considered to be sexually active, to determine freely the number and spacing of their children. ⁵⁵⁶	X ⁵⁵⁷	X ⁵⁵⁸	X ⁵⁵⁹	X ⁵⁶⁰	X ⁵⁶¹	X ⁵⁶²		X ⁵⁶³	X ⁵⁶⁴		X ⁵⁶⁵	X ⁵⁶⁶

⁵³⁹ 18 N.Y. CODES R. & REGS. § 505.5 (e) (2006). Medical Assistance regulations define abortion and specify where and by whom abortion may be performed, but do not explicitly state that abortion is a covered service.

⁵⁴⁰ 18 N.Y. CODES R. & REGS. § 505.1. -.3 (2006). Excludes services and supplies furnished solely to promote fertility.

⁵⁴¹ 18 N.Y. CODES R. & REGS. § 505.13 (2006). Excludes hysterectomies from FP services.

⁵⁴² 10 N.C. ADMIN. CODE 43A.0204, .0203 (2006). “Local providers shall offer family planning services to persons eligible under Title XIX of the Social Security Act.”

⁵⁴³ 10 N.C. ADMIN. CODE 43A.0301, -.0206 (2006). No co-payment for FP services. Also, local FP providers shall not charge “patients certified eligible for Medicaid, or in a Medicaid applicant status.”

⁵⁴⁴ 10 N.C. ADMIN. CODE 43A.0302 (2006). Local providers must offer FP education to clients upon their first visit to a FP clinic.

⁵⁴⁵ 10 N.C. ADMIN. CODE 43A.0301 (2006). Local FP providers shall provide “contraceptive supplies.”

⁵⁴⁶ 10 N.C. ADMIN. CODE 43A.0301 (2006). Local FP providers shall provide “laboratory services.”

⁵⁴⁷ 10 N.C. ADMIN. CODE 43A.0302 (2006). “Local providers shall not use federal funds to pay for sterilization ... unless all the requirements of 42 C.F.R., 50.201-50.204, which are adopted by reference in accordance with G.S. 150B-14(c), have been met. In addition, informed consent procedures for sterilization operations contained in Chapter 90, Article 19, of the North Carolina General Statutes, which are adopted by reference in accordance with G.S. 150B-14(c), shall also be followed.”

⁵⁴⁸ 10 N.C. ADMIN. CODE 43A.0301 (2006). “Local providers funded by the branch shall offer infertility services. There shall be at least a counseling and referral mechanism in place at each service site in order to provide for diagnostic and treatment services.”

⁵⁴⁹ 10 N.C. ADMIN. CODE 22O.0117 (2006). “Lawful abortions shall be covered under Medicaid in accordance with federal law.” But see also 10 N.C.A.C. 43A.0506 (2006). “No funds provided by the branch shall be used by local providers for abortion services.”

⁵⁵⁰ 10 N.C. ADMIN. CODE. 22D.0101 (2006).

⁵⁵¹ 10 N.C. ADMIN. CODE. 43A.0301 (2006). Local FP providers shall provide necessary referrals when medically indicated.

⁵⁵² N.D. ADMIN. CODE 75-02-02-08 (2005).

⁵⁵³ N.D. ADMIN. CODE 75-02-02-08 (2005). Includes FP “drugs, supplies and devices...under the medical direction of a physician.”

⁵⁵⁴ N.D. ADMIN. CODE 75-02-02-08 (2005). Excludes abortion “except when necessary to save the life of the mother or when the pregnancy is the result of an act of rape or incest.”

⁵⁵⁵ N.D. ADMIN. CODE 75-02-02-09.1 (2005).

⁵⁵⁶ OHIO ADMIN. CODE ANN. 5101:3-4-07 (2006).

⁵⁵⁷ OHIO ADMIN. CODE ANN. 5101:3-13-03 (2006).

STATE	DEFINITION OF FP OR FP SERVICES	EXPLICITLY COVERED										EXPLICITLY EXCLUDED				
		FP Services generally	Physical exam	FP	Counseling	Supplies/ devices	Diagnostic lab tests	Sterilization	Infertility services	Abortion	Co-payment	Other	Infertility services	Other		
Oklahoma	Not defined.	X ⁵⁶⁷	X ⁵⁶⁸	X ⁵⁶⁹	X ⁵⁷⁰	X ⁵⁷¹	X ⁵⁷²					X ⁵⁷³	X ⁵⁷⁴	X ⁵⁷⁵	X ⁵⁷⁶	X ⁵⁷⁷

⁵⁵⁸ OHIO ADMIN. CODE ANN. 5101:3-4-07 (D) (2006).

⁵⁵⁹ OHIO ADMIN. CODE ANN. 5101:3-4-07 (B) (2006). Covers “consultative and educational services” related to temporary and permanent contraception, physical and emotional reproductive health, genetic counseling and pregnancy determination.

⁵⁶⁰ OHIO ADMIN. CODE ANN. 5101:3-4-07 (F) (2006). Covers diaphragm fitting, insertion and removal of IUD, contraceptive subdermal implant removal and pharmaceutical supplies and devices.

⁵⁶¹ OHIO ADMIN. CODE ANN. 5101:3-4-07 (E &I) (2006). Covers specified tests including urinalysis, STD screening, genetic testing, specified procedures for clients in high risk category for contraceptives, pap smear, pregnancy testing and others.

⁵⁶² OHIO ADMIN. CODE ANN. 5101:3-4-07 (H), -3-21-01 (2006). Covers specified female and male sterilization procedures. Must meet specified requirements relating to informed consent.

⁵⁶³ OHIO ADMIN. CODE ANN. 5101:3-4-07 (C), -3-17.01 (2006). Coverage is restricted to when: “ (1)... the woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed; or (2) ...the pregnancy was the result of an act of rape and the patient, the patient's legal guardian, or the person who made the report to the law enforcement agency, certifies in writing that a report was filed, prior to the performance of the abortion, with a law enforcement agency having the requisite jurisdiction, unless the patient was physically unable to comply with the reporting requirement and that fact is certified by the physician performing the abortion; or (3) ... the pregnancy was the result of an act of incest and the patient, the patient's legal guardian, or the person who made the report certifies in writing that a report was filed, prior to the performance of the abortion, with either a law enforcement agency having the requisite jurisdiction, or, in the case of a minor, with a county children services agency established under Chapter 5153. of the Revised Code, unless the patient was physically unable to comply with the reporting requirement and that fact is certified by the physician performing the abortion.” Excludes “abortion to terminate an unwanted pregnancy.”

⁵⁶⁴ OHIO ADMIN. CODE ANN. 5101:3-1-09 (2006).

⁵⁶⁵ OHIO ADMIN. CODE ANN. 5101:3-4-07 (C) (2006). Excludes infertility services.

⁵⁶⁶ OHIO ADMIN. CODE ANN. 5101:3-4-07 (C), 3-21-01 (2006). Excludes hysterectomies performed for sterilization purposes.

⁵⁶⁷ OHIO ADMIN. CODE § 317:30-3-57 (2005). Covers FP services and supplies for clients of childbearing age.

⁵⁶⁸ OHIO ADMIN. CODE § 317:30-5-466 (2005). Provides detailed explanation of assessments to be made during initial and annual examinations.

⁵⁶⁹ OHIO ADMIN. CODE § 317:30-3-57 (2005).

⁵⁷⁰ OHIO ADMIN. CODE § 317:30-3-57, -5-72.1 (2005). Covers insertion of IUD. Covers Norplant, but removal within 5 years is only covered if medically indicated and reinsertion is considered on a case-by-case basis. Covers male and female condoms, contraceptive sponges, diaphragms, and spermicidal creams, jellies, suppositories and foams.

⁵⁷¹ OHIO ADMIN. CODE § 317:30-5-466 (2005). Covers laboratory work including “hematocrit, dip stick urinalysis, pap smear, gonorrhea culture, serologic test for syphilis and rubella screening if indicated” as a part of encounters at FP Centers.

⁵⁷² 56 OKLA. STAT. § 200.1 (2005). Covers male sterilization. O.A.C. § 317:30-3-57 (2005). Covers sterilization when informed consent-related requirements are met.

STATE	DEFINITION OF FP OR FP SERVICES	EXPLICITLY COVERED										EXPLICITLY EXCLUDED	
		FP Services generally	Physical exam	FP Counseling	Supplies/ devices	Diagnostic lab tests	Sterilization	Infertility services	Abortion	Co-payment	Other	Infertility services	Other
Oregon	Services for clients of child-bearing age (including minors who can be considered to be sexually active) who desire such services and which are intended to prevent pregnancy or otherwise limit family size. ⁵⁷⁸	X ⁵⁷⁹	X ⁵⁸⁰	X ⁵⁸¹	X ⁵⁸²	X ⁵⁸³	X ⁵⁸⁴		X ⁵⁸⁵	X ⁵⁸⁶		X ⁵⁸⁷	X ⁵⁸⁸
Pennsylvania	Diagnosis, treatment, drugs, supplies and related counseling which are provided to individuals of child bearing age to enable the individuals to determine freely the number and spacing of their children. ⁵⁸⁹	X ⁵⁹⁰					X ⁵⁹¹		X ⁵⁹²	X ⁵⁹³			X ⁵⁹⁴

⁵⁷³ OKLA. ADMIN. CODE § 317:30-5-2 (2005). Excludes “induced abortions, except when ... necessary due to a physical disorder, injury or illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would place the woman in danger of death unless an abortion is performed, or ... the pregnancy is the result of an act of rape or incest.”

⁵⁷⁴ OKLA. ADMIN. CODE § 317:30-3-5 (2005). No co-payment for FP services; includes all contraceptives and services rendered.

⁵⁷⁵ OKLA. ADMIN. CODE § 317:30-5-466 (2005). Covers “treatment of minor gynecological problems, infections and other conditions” and referrals to appropriate providers as a part of encounters at FP Centers.

⁵⁷⁶ OKLA. STAT. tit 56 § 204 (2005), O.A.C. § 317:30-5-2 (2005). Excludes agents used to promote fertility. O.A.C. § 317:30-3-57 & -5-2 (2005). Excludes sterilization reversal for purpose of conception, but may cover sterilization reversal if medically indicated.

⁵⁷⁷ OKLA ADMIN. CODE § 317:30-5-52 (2005). Excludes hysterectomy for purpose of sterilization or FP.

⁵⁷⁸ OR. ADMIN. R. 410-120-0000 (2006).

⁵⁷⁹ OR. ADMIN. R. 410-120-0000 (2006). Covers FP for clients of childbearing age, including minors considered to be sexually active.

⁵⁸⁰ OR. ADMIN. R. 410-130-0585 (2006). Covers annual exams.

⁵⁸¹ OR. ADMIN. R. 410-130-0585 (2006). Covers “contraceptive education and counseling to address reproductive health issues.”

⁵⁸² OR. ADMIN. R. 410-130-0585 (2006). Covers pharmaceutical supplies and devices. “FP methods include natural family planning, abstinence, intrauterine device, cervical cap, prescriptions, sub-dermal implants, condoms, and diaphragms.”

⁵⁸³ OR. ADMIN. R. 410-130-0585 (2006). Covers laboratory tests and radiology services.

⁵⁸⁴ OR. ADMIN. R. 410-130-0585 (2006). Covers tubal ligation and vasectomies.

⁵⁸⁵ OR. ADMIN. R. 410-130-0562 (2006). Provides billing codes for abortion by oral ingestion of medication and surgical abortion, but does not otherwise address abortion.

⁵⁸⁶ OR. ADMIN. R. 410-120-1230 (2006). No co-payment for FP services and supplies.

⁵⁸⁷ OR. ADMIN. R. 410-120-1200, -130-0180 (2006). Excludes infertility drugs and products or services designed to promote fertility or address impotence.

⁵⁸⁸ OR. ADMIN. R. 410-130-0580 (2006). Excludes hysterectomies for the sole purpose of sterilization.

⁵⁸⁹ PA. CODE tit. 55 § 1225.2 (2006).

⁵⁹⁰ PA. CODE tit. 55 § 1225.21 (2006). Covers FP services listed in Medical Assistance Program fee schedule.

STATE	DEFINITION OF FP OR FP SERVICES	EXPLICITLY COVERED										EXPLICITLY EXCLUDED			
		FP Services generally	Physical exam	FP Counseling	Supplies/ devices	Diagnostic lab tests	Sterilization	Infertility services	Abortion	Co-payment	Other	Infertility services	Other		
Rhode Island	Not defined.	X ⁵⁹⁵	X ⁵⁹⁶	X ⁵⁹⁷	X ⁵⁹⁸	X ⁵⁹⁹	X ⁶⁰⁰				X ⁶⁰¹		X ⁶⁰²	X ⁶⁰³	

⁵⁹¹ PA. CODE tit. 55 § 1163.60, (2006). Covers sterilization when in accordance with requirements relating to informed consent are met.

⁵⁹² PA. STAT. tit. 18 § 3215 (2005). No Federal or Commonwealth funds are to be used for abortions except (1) “when abortion is necessary to avert the death of the mother on certification by a physician;” or (2) “in the case of pregnancy caused by rape which, prior to the performance of the abortion, has been reported, together with the identity of the offender, if known, to a law enforcement agency having the requisite jurisdiction and has been personally reported by the victim;” or (3) “in the case of pregnancy caused by incest which, prior to the performance of the abortion, has been personally reported by the victim to a law enforcement agency having the requisite jurisdiction, or, in the case of a minor, to the county child protective service agency and the other party to the incestuous act has been named in such report.” PA. CODE tit. 55 § 1163.62 (2006). Medical assistance covers abortion only when the life of the mother is endangered or in cases of rape or incest. Administrative code specifies that rape must be reported to a law enforcement agency or a public health service within 72 hours of its occurrence, and incest must be reported within 72 hours of the time the physician notified the woman she was pregnant. Reports may be made a person other than the victim but must include the victim’s name and address. Reports may be done in person or by mail.

⁵⁹³ PA. CODE tit. 55 § 1101.63 (2006). No co-payment for FP services and supplies.

⁵⁹⁴ PA. CODE tit. 55 § 1225.54, -1141.56 (2006). Excludes FP services not listed in Medical Assistance Program fee schedule or the fee schedule promulgated by the FP Planning Division of the Department. Only covers hysterectomies when for a valid medical reason other than sterilization.

⁵⁹⁵ CODE OF R.I. R. 15-020-006 (2005). Human Services Manual -- Medical Assistance Program 0348.45.05.05. Covers FP services for women and men.

⁵⁹⁶ CODE OF R.I. R. 15-020-006 (2005). Human Services Manual -- Medical Assistance Program 0348.45.05.15. Covers “one comprehensive gynecological annual exam and up to three (3) additional family planning method related office visits if indicated.”

⁵⁹⁷ CODE OF R.I. R. 15-020-006 (2005). Human Services Manual -- Medical Assistance Program 0348.45.05.05. Covers FP counseling for women and men.

⁵⁹⁸ CODE OF R.I. R. 15-020-006 (2005). Human Services Manual -- Medical Assistance Program 0348.45.05.05 & -15. Covered prescriptions include oral contraceptives, IUD, Norplant, cervical cap, diaphragm, DepoProvera, and emergency contraceptive pills, as needed. Covers insertion and removal of IUDs and Norplant. The Extended FP Benefit Package covers women who obtain medical assistance through pregnancy, and is available for 24 months post-pregnancy. This package covers non-prescription methods including foam, condoms, spermicidal cream/jelly, and sponges. The Comprehensive Benefit Package is for women otherwise eligible for medical assistance and provides the same coverage as the Extended package with the exception of “foams, condoms and spermicidal jelly.”

⁵⁹⁹ CODE OF R.I. R. 15-020-006 (2005). Human Services Manual -- Medical Assistance Program 0348.45.05.15. Covers annual pap smear, STD screening if indicated, anemia testing, dipstick urinalysis and urine culture if indicated and pregnancy testing. Includes referrals for STD testing and for state confidential HIV testing and counseling.

⁶⁰⁰ CODE OF R.I. R. 15-020-006 (2005). Human Services Manual -- Medical Assistance Program 0348.45.05.15. Covers tubal ligation.

⁶⁰¹ CODE OF R.I. R. 15-020-006 (2005). Human Services Manual -- Medical Assistance Program 0300.20.05.15. Covers abortion “when it is necessary to preserve the life of the woman or when the pregnancy is the result of an act of rape or incest.”

⁶⁰² CODE OF R.I. R. 15-020-006 (2005). Human Services Manual -- Medical Assistance Program 0348.45.05.15. FP package covers colposcopy, and cryosurgery or other cauterization of the cervix, treatment for genital warts, incision and drainage of a Bartholin’s gland cyst or abscess, immunizations (limited to post partum rubella immunization if indicated).

⁶⁰³ CODE OF R.I. R. 15-020-006 (2005). Human Services Manual -- Medical Assistance Program 0348.60. Excludes infertility treatment services.

STATE	DEFINITION OF FP OR FP SERVICES	EXPLICITLY COVERED										EXPLICITLY EXCLUDED		
		FP Services generally	Physical exam	FP	Counseling	Supplies/ devices	Diagnostic lab tests	Sterilization	Infertility services	Abortion	Co-payment	Other	Infertility services	Other
South Carolina	FP services are furnished for purposes of enabling such individuals to freely determine the number and spacing of their children. Services are available to minors who are considered to be sexually active. ⁶⁰⁴	X ⁶⁰⁵												
South Dakota	Medically approved services and supplies which are available for individuals of childbearing age for the purpose of providing freedom of choice to determine, in advance, the number and spacing of children. ⁶⁰⁶	X ⁶⁰⁷			X ⁶⁰⁸		X ⁶⁰⁹			X ⁶¹⁰		X ⁶¹¹	X ⁶¹²	
Tennessee	Not defined.	X ⁶¹³	X ⁶¹⁴	X ⁶¹⁵	X ⁶¹⁶	X ⁶¹⁷	X ⁶¹⁸		X ⁶¹⁹	X ⁶²⁰		X ⁶²¹		
Texas	The process of establishing the preferred number and		X ⁶²³	X ⁶²⁴	X ⁶²⁵	X ⁶²⁶	X ⁶²⁷		X ⁶²⁸			X ⁶²⁹	X ⁶³⁰	X ⁶³¹

⁶⁰⁴ S.C. CODE OF REGS. 126-309 (2005).

⁶⁰⁵ S.C. CODE OF REGS. 126-301 (2005). Covers FP services.

⁶⁰⁶ ADMIN. R. OF S.D. 67:16:12:01 (2006).

⁶⁰⁷ ADMIN. R. OF S.D. 67:16:02:04 (2006). Covers FP services.

⁶⁰⁸ ADMIN. R. OF S.D. 67:16:12:01 (2006). Definition of FP includes medically approved supplies.

⁶⁰⁹ ADMIN. R. OF S.D. 67:16:02:09 (2006). Covers sterilization when requirements relating to informed consent are met.

⁶¹⁰ ADMIN. R. OF S.D. 67:16:01:22 (2006).

⁶¹¹ ADMIN. R. OF S.D. 67:16:12:02.01 (2006). Excludes agents to promote fertility, sterilization reversal and artificial insemination.

⁶¹² ADMIN. R. OF S.D. 67:16:12:02.01 (2006). Excludes "removal of implanted contraceptive capsules if done to reverse the intent of the original implant."

⁶¹³ TENN. CODE ANN. § 71-5-107 (2005). "Medical assistance, in the amount, scope, and duration determined by the commissioner of health and to the extent permitted by federal law, may include... FP services and supplies."

⁶¹⁴ TENN. COMP. R. & REGS. R. 1200-13-1-.06 (2005). Includes pelvic exam, breast exam and examination of heart/lung, thyroid, abdomen and extremities.

⁶¹⁵ TENN. COMP. R. & REGS. R. 1200-13-1-.06 (2005). During the exam, the practitioner is to "advise the patient on types of suitable contraceptive methods available, and the patient is free to choose the contraceptive method to be used if not medically contraindicated."

⁶¹⁶ TENN. COMP. R. & REGS. R. 1200-13-1-.06 (2005). Covers IUD insertion and diaphragm insertion and associated contraceptive or therapeutic supplies.

⁶¹⁷ TENN. COMP. R. & REGS. R. 1200-13-1-.06 (2005). Covers pap smear, urinalysis, blood pressure check, hematocrit/hemoglobin, pregnancy test and gonorrhea culture.

⁶¹⁸ TENN. COMP. R. & REGS. R. 1200-13-1-.03 (2005). Covers sterilization when specified informed consent requirements are met.

⁶¹⁹ TENN. COMP. R. & REGS. R. 1200-13-1-.03 (2005). Covers abortion only when a physician certifies that "the life of the mother would be endangered if the fetus were carried to term."

⁶²⁰ TENN. COMP. R. & REGS. R. 1200-13-14-.05 (2005).

⁶²¹ TENN. COMP. R. & REGS. R. 1200-13-14-.04 (2005). Excludes agents used to promote fertility or treat infertility or impotence. Excludes sterilization reversal.

STATE	DEFINITION OF FP OR FP SERVICES	EXPLICITLY COVERED	EXPLICITLY EXCLUDED
	<p>spacing of one's children, selecting the means to achieve the goals, and effectively using that means.</p> <p>FP services--A public health care system targeting low-income women, men, and adolescents that is designed to</p>	<p>FP Services generally Physical exam FP Counseling Supplies/devices Diagnostic lab tests Sterilization Infertility services Abortion Co-payment Other Infertility services Other</p>	

⁶²² TEX. ADMIN. CODE tit. 25 § 56.2 (2006).

⁶²³ TEX. HUM. RES. CODE § 32.0248 (2005). May be included as part of five-year Demonstration Project for Women’s Health Care Services, set to expire Sept. 1, 2011. All who receive medical assistance are eligible for demonstration services. TEX. ADMIN. CODE tit. 1 § 355.8582 (2006). Covers health history, physical examination and follow-up office visit when medically necessary.

⁶²⁴ TEX. HUM. RES. CODE § 32.0248 (2005). May be included as part of Demonstration Project. (See Note 333). Specifies “counseling and education on contraceptive methods emphasizing the health benefits of abstinence from sexual activity to recipients who are not married, except for counseling and education regarding emergency contraception. TEX. ADMIN. CODE tit. 25 § 56.15 (2006). Covers FP “counseling and education services” for those who receive Medicaid.

⁶²⁵ TEX. HUM. RES. CODE § 32.0248 (2005). Contraceptives, except emergency contraceptive, may be included as part of Demonstration Project. (See Note 333). Note: TEX. ADMIN. CODE tit. 1 § 354.1171 (2006) states: “The use of drugs or devices to prevent implantation of the fertilized ovum is not considered an abortion procedure and will be paid for by the Medicaid Program as long as treatment occurs before the fact of pregnancy is established, including the prompt treatment of rape or incest victims.” TEX. ADMIN. CODE tit. 1 § 355.8582 (2006). Covers contraceptive devices and supplies.

⁶²⁶ TEX. HUM. RES. CODE § 32.0248 (2005). Health screenings may be included as part Demonstration Project. (See Note 333). Screenings include STDs, cervical cancer, breast cancer and others. TEX. ADMIN. CODE tit. 1 § 55.8582 (2006). Covers “routine and special” laboratory tests.

⁶²⁷ TEX. ADMIN. CODE tit. 1 § 355.8583 (2006). Covers sterilization when in accordance with 42 CFR § 441.250, Subpart F. Hysterectomies are covered but not as an FP service.

⁶²⁸ TEX. ADMIN. CODE tit. 1 § 354.1167 (2006). Abortion is covered upon certification by a physician that “the life of the mother would be endangered if the fetus were carried to term, or that the pregnancy was the result of rape or incest.” Note: Abortion is not covered as an FP service. See TEX. ADMIN. CODE tit. 25 § 56.7 (2006).

⁶²⁹ TEX. HUM. RES. CODE § 32.0248 (2005). “Referral of medical problems to appropriate providers that are entities or organizations that do not perform or promote elective abortions or contract or affiliate with entities that perform or promote elective abortions” may be included as part Demonstration Project. (See Note 333). TEX. ADMIN. CODE tit. 25 § 56.15 (2006). Adolescents Medicaid members age 17 and younger must be given specialized services including “individualized family planning counseling and family planning medical services that meet their specific needs within 2 weeks of request.” TEX. ADMIN. CODE tit. § 56.18-19 (2006) Covers family planning genetics services prescribed by a physician (MD or DO) and with implications for reproductive decisions but with specified exclusions. TEX. ADMIN. CODE tit. 1 § 355.8582 (2006). Covers “surgical procedures and the diagnosis and treatment of the reproductive system or tract that are performed solely for family planning purposes” and treatment of complications related to family planning surgical procedures (sterilization and insertion of IUD).”

⁶³⁰ TEX. ADMIN. CODE tit. 1 § 354.3092 (2006). May exclude fertility drugs.

⁶³¹ TEX. HUM. RES. CODE § 32.0248 (2005). Emergency contraceptives are specifically excluded from the Demonstration Project. However, TEX. ADMIN. CODE tit. 1 § 354.1171 (2006) states: “The use of drugs or devices to prevent implantation of the fertilized ovum is not considered an abortion procedure and will be paid for by the Medicaid Program as long as treatment occurs before the fact of pregnancy is established, including the prompt treatment of rape or incest victims.”

STATE	DEFINITION OF FP OR FP SERVICES	EXPLICITLY COVERED										EXPLICITLY EXCLUDED		
		FP Services generally	Physical exam	FP Counseling	Supplies/ devices	Diagnostic lab tests	Sterilization	Infertility services	Abortion	Co-payment	Other	Infertility services	Other	
Utah	enable people voluntarily to limit their family size or to space their children. ⁶²² Diagnosis, treatment, medications, supplies, devices, and related counseling in family planning methods to prevent or delay pregnancy. ⁶³²	X ⁶³³		X ⁶³⁴	X ⁶³⁵	X ⁶³⁶	X ⁶³⁷		X ⁶³⁸	X ⁶³⁹			X ⁶⁴⁰	
Vermont	Those services that either prevent or delay pregnancy. ⁶⁴¹	X ⁶⁴²			X ⁶⁴³		X ⁶⁴⁴		X ⁶⁴⁵	X ⁶⁴⁶			X ⁶⁴⁷	X ⁶⁴⁸
Virginia	Those services that delay or prevent pregnancy. ⁶⁴⁹	X ⁶⁵⁰	X ⁶⁵¹	X ⁶⁵²	X ⁶⁵³	X ⁶⁵⁴	X ⁶⁵⁵		X ⁶⁵⁶	X ⁶⁵⁷			X ⁶⁵⁸	X ⁶⁵⁹

⁶³² UTAH ADMIN. CODE R414-10-2 (2006).

⁶³³ UTAH ADMIN. CODE R414-1-6 (2006). Covers family planning services and supplies for individuals of child-bearing age.

⁶³⁴ UTAH ADMIN. CODE R414-10-2 (2006). Definition of FP services includes counseling in FP methods.

⁶³⁵ UTAH ADMIN. CODE R414-10-2 (2006). Definition of FP services includes treatment, medication, supplies and devices.

⁶³⁶ UTAH ADMIN. CODE R414-10-2 (2006). Definition of FP services includes “diagnosis.”

⁶³⁷ UTAH ADMIN. CODE R414-10-5 (2006). Limits sterilization and hysterectomy procedures to those which meet the requirements of 42 CFR 441, Subpart F, October 1996 edition, (regarding informed consent for sterilization and excluding hysterectomy for the purpose of sterilization), which is adopted and incorporated by reference.

⁶³⁸ UTAH CODE ANN. § 26-18-4 & -40-107 (2006). Excludes use of Medicaid funds “where the purpose of the assistance is to perform an abortion, unless the life of the mother would be endangered if an abortion were not performed.” Also states that “abortion is not a covered benefit, except as provided in 42 U.S.C. Sec. 1397ee.” UTAH ADMIN. CODE R414-10-5 (2006). Excludes abortion “except where the life of the mother would be endangered if the fetus were carried to term, or where pregnancy is the result of rape or incest.”

⁶³⁹ UTAH ADMIN. CODE R414-10-6 (2006).

⁶⁴⁰ UTAH ADMIN. CODE R414-10-5 (2006). Excludes the following from FP services: surgical procedures for the reversal of previous elective sterilization, both male and female; infertility studies; in-vitro fertilization; artificial insemination and surrogate motherhood, including all services, tests, and related charges.

⁶⁴¹ CODE OF VT. R. 13-170-008 M100 (2005).

⁶⁴² CODE OF VT. R. 13-170-008 M100 (2005). Covers FP services and supplies.

⁶⁴³ CODE OF VT. R. 13-170-008 M812 (2005). Covers contraceptive drugs, supplies and devices.

⁶⁴⁴ CODE OF VT. R. 13-170-008 M616 (2005). Covers female and male sterilization when in accordance with specified requirements relating to informed consent.

⁶⁴⁵ CODE OF VT. R. 13-170-008 M617 (2005). Covers abortions “only under circumstances for which Federal Financial Participation is available.”

⁶⁴⁶ CODE OF VT. R. 13-170-008 M150.1 (2005).

⁶⁴⁷ CODE OF VT. R. 13-170-008 M616.1 (2005). Excludes fertility services and procedures such as “but not limited to, in vitro, the GIFT procedure, fertility enhancing drugs, sperm banks, cloning, and services related to surrogacy.” Excludes sterilization reversal.

⁶⁴⁸ CODE OF VT. R. 13-170-008 M616 (2005). Excludes hysterectomy for sterilization purposes.

⁶⁴⁹ VA. ADMIN. CODE tit. 12 § 30-50-130 (2006).

STATE	DEFINITION OF FP OR FP SERVICES	EXPLICITLY COVERED										EXPLICITLY EXCLUDED				
		FP Services generally	Physical exam	FP Counseling	Supplies/ devices	Diagnostic lab tests	Sterilization	Infertility services	Abortion	Co-payment	Other	Infertility services	Other			
Washington	FP: Planning the number of one's children by use of contraceptive techniques. ⁶⁶⁰ FP services: Medically safe and effective medical care, educational services, and/or contraceptives that enable individuals to plan and space the number of children and avoid unintended pregnancies. ⁶⁶¹	X ⁶⁶²	X ⁶⁶³	X ⁶⁶⁴	X ⁶⁶⁵	X ⁶⁶⁶	X ⁶⁶⁷					X ⁶⁶⁸			X ⁶⁶⁹	X ⁶⁷⁰

⁶⁵⁰ VA. CODE ANN. § 32.1-325 (2006).

⁶⁵¹ VA. ADMIN. CODE tit. 12 § 30-135-40 (2006). Covers one gynecological exam per 12 months under FP waiver.

⁶⁵² VA. ADMIN. CODE tit. 12 § 30-135-40 (2006). Covers FP education and counseling under FP waiver.

⁶⁵³ VA. ADMIN. CODE tit. 12 § 30-135-40 (2006). Covers FDA-approved contraceptives, including diaphragms, contraceptive injectables, and contraceptive implants and over-the-counter contraceptives under FP waiver.

⁶⁵⁴ VA. ADMIN. CODE tit. 12 § 30-135-40 (2006). Covers lab services for FP, STD testing (at initial FP encounter only), and one pap smear per 6 months under FP waiver.

⁶⁵⁵ VA. ADMIN. CODE tit. 12 § 30-135-40 (2006). Covers sterilization, not to include hysterectomies under FP waiver.

⁶⁵⁶ VA. ADMIN. CODE tit. 12 § 30-50-100, -135-40 (2006). Coverage for “induced abortions is provided in only those cases in which there would be a substantial endangerment to health or life of the mother if the fetus were carried to term.” FP waiver specifically excludes “performance of, counseling for, or recommendations of abortions.”

⁶⁵⁷ VA. ADMIN. CODE tit. 12 § 30-10-570 (2006).

⁶⁵⁸ VA. ADMIN. CODE tit. 12 § 30-50-130, -135-40 (2006). Excludes services to treat infertility or promote fertility. FP waiver excludes infertility treatments.

⁶⁵⁹ VA. ADMIN. CODE tit. 12 § 30-50-229.1, -135-10 (2006). Specifically excludes coverage for “all services encompassing and related to family planning, pregnancy, and abortion services ... if rendered in the school district setting.” “FP does not include counseling about, recommendations for or performance of abortions, or hysterectomies or procedures performed for medical reasons such as removal of intrauterine devices due to infections.”

⁶⁶⁰ REV. CODE WASH. § 74.09.790 (2006). Defined in Maternity Care Access Program section of Code regarding medical assistance.

⁶⁶¹ WASH. ADMIN. CODE § 388-532-050 (2006). Defined in Reproductive Health/ Family Planning section of Department of Social and Health Services.

⁶⁶² REV. CODE WASH. § 74.09.790 (2006). Maternity Care Access Program provides “family planning services” for 12 months immediately after pregnancy.

⁶⁶³ WASH. ADMIN. CODE § 388-532-120 (2006). Covers cervical, vaginal, and breast cancer screening examination once per year as medically necessary as a part of reproductive health services.

⁶⁶⁴ WASH. ADMIN. CODE § 388-532-120, -530-110 (2006). Covers education on FDA-approved contraceptives, natural family planning and abstinence for women and men. Includes “contraceptive patches, contraceptive rings, and oral contraceptives (excluding emergency contraceptive pills, which are not subject to the at-least-three-month supply limitation), only when dispensed in at least a three-month supply, unless otherwise directed by the prescriber.”

⁶⁶⁵ WASH. ADMIN. CODE § 388-532-120 (2006). Covers FDA-approved prescription contraceptive methods, and over the counter contraceptive drugs and supplies for women and men. Note: See also REV. CODE WASH. § 74.09.790 (2006). Maternity Care Access Program specifically provides that members be given information about the synthetic progestin capsule implant form of contraception for 12 months immediately after pregnancy.

STATE	DEFINITION OF FP OR FP SERVICES	EXPLICITLY COVERED							EXPLICITLY EXCLUDED			
		FP Services generally	Physical exam	FP Counseling	Supplies/ devices	Diagnostic lab tests	Sterilization	Infertility services	Abortion	Co-payment	Other	Infertility services
West Virginia	Not defined.											
Wisconsin	FP: voluntary action by individuals to prevent or aid conception. FP services: counseling by trained personnel regarding family planning; distribution of information relating to family planning; and referral to licensed nurse practitioners within the scope of their practice, licensed physicians or local health departments for consultation, examination, medical treatment and prescriptions for the purpose of family planning. ⁶⁷³	X ⁶⁷⁴	X ⁶⁷⁵	X ⁶⁷⁶	X ⁶⁷⁷	X ⁶⁷⁸	X ⁶⁷⁹		X ⁶⁷¹ X ⁶⁸⁰	X ⁶⁸¹	X ⁶⁷²	X ⁶⁸²

⁶⁶⁶ WASH. ADMIN. CODE § 388-532-120 (2006). Covers lab tests and procedures for screening and treatment of STDs for women and men.

⁶⁶⁷ WASH. ADMIN. CODE § 388-532-120 & -531-1550 (2006). Sterilization for women and men meeting specified informed consent-related requirements is covered as a reproductive health service.

⁶⁶⁸ WASH. ADMIN. CODE § 388-532-120 (2006).

⁶⁶⁹ WASH. ADMIN. CODE § 388-531-0150 (2006). Excludes “care, testing, or treatment of infertility, frigidity, or impotency. This includes procedures for donor ovum, sperm, womb, and reversal of vasectomy or tubal ligation.”

⁶⁷⁰ WASH. ADMIN. CODE § 388-531-1550 (2006). Excludes hysterectomy undertaken solely for sterilization purposes.

⁶⁷¹ W. VA. CODE § 9-2-11 (2006). No Medicaid funds may be used for an abortion by chemical or surgical means unless 1) a physician finds a “medical emergency that so complicates a pregnancy as to necessitate an immediate abortion to avert the death of the mother or for which a delay [would] create grave peril of irreversible loss of major bodily function or an equivalent injury to the mother” and an “independent physician concurs with the physician's clinical judgment” or 2) there is “[c]lear clinical medical evidence that the fetus has severe congenital defects or terminal disease or is not expected to be delivered”; or 3) “[t]he individual is a victim of incest or the individual is a victim of rape when the rape is reported to a law-enforcement agency.”

⁶⁷² W. VA. CODE ST. R. § 78-10-2 (2006). State Plan for Medicaid is incorporated by reference as a legislative rule and is available from the Secretary of State's Office or West Virginia Department of Human Services.

⁶⁷³ WIS. STAT. § 253.07 (2006).

⁶⁷⁴ WIS. STAT. § 49.45 (2006). Covers FP as defined in § 253.07.

⁶⁷⁵ WIS. ADMIN. CODE HFS 107.21.1 (b) (2006). Code specifies in detail what the exam includes.

⁶⁷⁶ WIS. ADMIN. CODE HFS 107.21.1 (d) (2006). Code limits counseling to a detailed list of topics.

⁶⁷⁷ WIS. ADMIN. CODE HFS 107.21.1 (e) (2006). Covers furnishing, fitting and extraction of IUDs, furnishing and fitting of diaphragms, oral contraceptives, jellies, creams, foam and suppositories, condoms and natural FP supplies such as charts.

⁶⁷⁸ WIS. ADMIN. CODE HFS 107.21.1 (c) (2006). Includes specified STD tests, pap smear, pregnancy test, “procedures relating to genetics,” and many other specified procedures.

STATE	DEFINITION OF FP OR FP SERVICES	EXPLICITLY COVERED										EXPLICITLY EXCLUDED	
		FP Services generally	Physical exam	FP Counseling	Supplies/ devices	Diagnostic lab tests	Sterilization	Infertility services	Abortion	Co-payment	Other	Infertility services	Other
Wyoming	Medically approved diagnosis, treatment, counseling, drugs, supplies or devices which are prescribed or furnished to individuals of child-bearing age for purposes of enabling such individuals to determine the number and spacing of their children. ⁶⁸³	X ⁶⁸⁴			X ⁶⁸⁵	X ⁶⁸⁶	X ⁶⁸⁷		X ⁶⁸⁸	X ⁶⁸⁹	X ⁶⁹⁰	X ⁶⁹¹	

⁶⁷⁹ WIS. ADMIN. CODE HFS 107.06. -21.1 (c) (2006). Sterilization is only covered when in accordance with informed consent requirements. Sterilization by hysterectomy for the sole purpose of rendering an individual incapable of reproducing is covered when requirements for informing the individual of the consequences of the procedure is met. Sterilization requires prior authorization.

⁶⁸⁰ WIS. STAT. § 20.927 (2006). No federal, state or local funds shall be used to pay for an abortion except when a physician certifies that the abortion is “directly and medically necessary to save the life of the woman” or a case of sexual assault or incest. Sexual assault and incest must have been reported to the law enforcement authorities. WIS. ADMIN. CODE HFS 107.06.4-5. Abortions, both surgically-induced and drug-induced, are limited to those that comply with WIS. STAT. § 20.927 (2006).

⁶⁸¹ WIS. STAT. § 49.45 (2006) & WIS. ADMIN. CODE HFS 104.01 (2006).

⁶⁸² WIS. ADMIN. CODE HFS 107.21.3 (b) (2006). Excludes services and items for improving female and male fertility including counseling, testing, artificial insemination, drugs, reverse sterilization or reversal of vasectomies and others.

⁶⁸³ CODE OF WY. RULES § 48-130-026.22 (2005).

⁶⁸⁴ WY. STAT. § 42-4-103 (2006). Authorizes FP services for Medical Assistance. CODE OF WY RULES § 48-130-026 (2005). Covers FP services.

⁶⁸⁵ CODE OF WY. RULES § 48-130-026.22 (2005) Covers “contraceptive supplies and devices” when furnished under the supervision of a physician.

⁶⁸⁶ CODE OF WY. RULES § 48-130-026.22 (2005) Covers “laboratory tests” when furnished under the supervision of a physician.

⁶⁸⁷ CODE OF WY. RULES § 48-130-026.36. Excludes sterilization “unless the requirements of 42 C.F.R. 441 Subpart F are satisfied. Such requirements are incorporated by reference.”

⁶⁸⁸ CODE OF WY. RULES § 48-130-026.22 (2005). Excludes abortions “except to the extent required by Federal law.” Note: -026.6 excludes abortions “except as specified in § 39 of this Chapter”, but § 39 addresses only swing-bed services.

⁶⁸⁹ CODE OF WY RULES § 48-130-009 (2005).

⁶⁹⁰ WY. STAT. § 42-5-101 (2006). The Department of Health “may provide and pay for birth control information and services...[for] any person who may benefit from this information and these services. Information and services shall be provided in a language understood by the recipient.”

⁶⁹¹ CODE OF WY. RULES § 48-130-026.6, -.22 (2005). Excludes infertility services, including counseling, reverse sterilization and artificial insemination.